

## **Chapter 18**

### **TARGETED-PROGRAM POLICIES**

#### **INTRODUCTION**

This chapter discusses administrative policies and practices that are unique and specific to the targeted programs covered in this section. For these targeted programs, all other policies described in this Administrative Plan are applicable, except as described in this Chapter. The programs are described below:

Part I: Designated Housing Program

Part II: Family Unification Program

Part III: Greater Plymouth Area Supportive Housing Program

Part IV: Housing Options Program

Part V: JOBLink Welfare to Work Program

Part VI: Mainstream Housing Program

Part VII: Tenant-Based Voucher Program for Persons with HIV/AIDS

Part VIII: Raising the Next Generation

Part IX: Veterans Housing Voucher Program

Part X: Boston Consent Decree

Part XI: Holyoke Consent Decree

Part XII: Family Self-Sufficiency Program

Part XIII: VASH 08

Part XIV: Project-Based Assistance for Persons Living with HIV/AIDS

## **PART I: DESIGNATED HOUSING PROGRAM**

### **18-I.A. OVERVIEW**

Funding for DHCD's DSG program was provided under the HUD Rental Assistance for Non-Elderly Persons with Disabilities Related to Certain Types of Section 8 Project-Based Developments and Section 202, 221(d) and 236 Developments, also referred to as the 'Certain Developments Program'.

Designated Housing is a collaborative effort of the Massachusetts Department of Housing and Community Development (DHCD), and the Massachusetts Housing Finance Agency (MHFA). The Designated Housing Program (hereafter referred to as "Designated Housing" or DSG) provides housing assistance to very low-income non-elderly disabled families and individuals who are not currently receiving housing assistance in certain developments due to the establishment of preferences for the admission of elderly families. This unique program utilizes 600 tenant-based Section 8 vouchers and is administered throughout the Commonwealth by DHCD's Section 8 regional administering agencies (RAAs). Designated Housing is an integral part of the Commonwealth's housing continuum that provides permanent housing for persons with disabilities.

Designated Housing vouchers were first targeted to non-elderly (less than 62 years of age) disabled families and individuals who were on the wait lists at specific MHFA developments as of established dates.

Designated Housing was implemented in three phases. Phase I utilized waiting lists in existence at 20 MHFA developments in the Greater Boston area on August 15, 1997. Phase II utilized waiting lists in existence at 15 additional MHFA developments throughout the Commonwealth on August 31, 1998. Phase III utilized waiting lists in existence at 23 additional MHFA developments throughout the Commonwealth on April 20, 2000 (see attached lists).

After the initial outreach to the MHFA waiting lists, the RAAs performed targeted outreach to disabled individuals and families on its Section 8 waiting list for any remaining vouchers. As of March 1, 2002, RAAs shall perform targeted outreach to local agencies that provide services to persons with disabilities to solicit referrals for the DSG waiting list. All tenant selections shall be made from the DSG waiting list.

## **18-I.B. ELIGIBILITY**

### **Household Size**

For the Designated Housing program the number of household members is limited. The family must have no more household members than would be able to qualify for a zero or one-bedroom unit. This effectively limits the household size to two members and does not include children.

### **Disability Status**

At least one person in the household must be disabled. See Exhibit 3-1

RAAs will verify an applicant's disability status for purposes of determining program eligibility in accordance with Chapter 7. It will consult with the appropriate human service commission in any instance where documentation regarding the disability is unclear.

Receipt of SSI or Social Security Disability payments is a sufficient demonstration that an applicant is disabled and eligible for Designated Housing. In the absence of such income, a qualified individual must confirm whether or not applicants meet HUD's definition.

### **Age**

All Designated Housing applicants must be non-elderly, i.e. under 62 years of age.

### **Income Guidelines**

All Designated Housing applicants must meet the HUD's income guidelines for the Section 8 Housing Choice Voucher program.

### **Preference**

Eligible applicants who were on the waiting lists at the specific MHFA developments do not have to meet a DHCD preference. However, all other applicants must meet a DHCD preference. See Chapter 4.

### **Automatic Preference**

A ranking preference is applied to automatic preferences to allow these applicants to be placed on the waiting list and be selected before all others. There are two automatic preference categories under which applicants may be eligible.

Applicants presently receiving assistance under either of the following transitional housing programs; DHCD's Alternative Housing Voucher Program (AHVP) or the Department of Mental Health Rental Subsidy Program (DMHRSP), and who have been identified by DHCD as eligible for transition to another affordable housing program due to budget reductions will receive automatic preference and must be issued a voucher, provided they have complied with all of the requirements of their AHVP or DMHRSP subsidy and have been unable to secure other long-term rental assistance during the term of the temporary subsidy.

### **Verification Requirements**

DHCD's Bureau of State Rental Assistance must certify, in writing, that the applicant has been identified by DHCD as eligible for transition to another affordable housing program due to budget reductions, the applicant has complied with all of the requirements of their AHVP or DMHRSP subsidy, and has been unable to secure other long-term rental assistance during the term of the temporary subsidy.

## **18-I.C. OUTREACH**

### **Initial Outreach**

The MHFA and the RAAs were responsible for the initial outreach efforts. The MHFA compiled a list of all potentially eligible non-elderly individuals with disabilities on the wait lists of targeted developments (see Attachments 1 -3) as of established dates (hereafter referred to as the Designated Housing Outreach List). MHFA sent all individuals on the Designated Housing Outreach List:

- A Designated Housing Pre-application
- A Designated Housing Applicant Letter

A Designated Housing Information Letter was sent to representatives of the various Massachusetts Human Service Commissions informing them of the existence of Designated Housing; alerting them to the fact that their consumers may be eligible for this housing; and providing instructions on how to apply for this program.

### **Ongoing Outreach**

RAAs will perform targeted outreach to the following Human Service Commissions under the Executive Office of Health and Human Services: the Department of Mental Health (DMH), the Department of Mental Retardation (DMR), the Department of Public Health (DPH) Aids and Substance Abuse Bureaus, the Massachusetts Rehabilitation Commission, and to other local agencies identified by each RAA that serves this population.

When an RAA has DSG vouchers available to issue, it will send notice to representatives of the various Massachusetts Human Service Commissions informing them of the existence of the Designated Housing program; alerting them to the fact that their consumers may be eligible for this housing; and providing instructions on how to refer applicants to the program.

Referrals will also be accepted from any agency that provides services to individuals with disabilities.

## **18-I.D. WAITING LIST MANAGEMENT AND SELECTION**

Each RAA will maintain a DSG waiting list. All applicants will be placed on the DSG waiting list by the date and time the referral is received. If an RAA receives a referral for an applicant that lives out of its region, the referral should be returned to the referring agency with instructions on where it should be sent. Incomplete referrals will be returned to the referring agency by the RAA. An applicant will not be placed on the DSG waiting list until the referral is complete.

There may be instances where because of delays in the application process, a RAA may issue to a subsequent applicant the (first) available subsidy. In such cases, a RAA will document clearly in the applicant file why such a decision was made. The applicant who is skipped will be issued the next available Designated Housing voucher provided they meet all eligibility criteria and submit the required documentation.

If a DSG applicant moves out of the initial RAAs region, the applicant must be absorbed by the receiving RAA with a DSG voucher when one becomes available. If a DSG voucher is not available, the receiving agency must bill the issuing agency until such time as a DSG voucher is available. This procedure will prevent over-issuance of DSG vouchers.

## **18-I.E. SUPPORT SERVICES**

At the briefing, each applicant must be given a list of contacts at the human service agencies in their region. This list should include staff that can:

- Assist in identifying supports for individuals with psychiatric disabilities including those who have mental health illnesses but may not be eligible for DMH programs.
- Assist in identifying supports for individuals with mental retardation including community-based supports.
- Assist in identifying detoxification, treatment and support programs for people with substance abuse problems.
- Make referrals to resources which support people with HIV/AIDS including housing search services, specialized health services, support groups, meals programs and others.
- Assist in providing referrals for vocational rehabilitation programs for individuals with any type of disability who would like to go to work.
- Direct individuals to home care assistance, personal care assistance, home modifications and independent living supports.

Participants will be encouraged to review the list and to contact any agency if they feel they need or want any support services. RAAs will use the list as needed to make referrals if requested by participants and also to obtain advice from a human services professional if needed.

### **Housing Search**

Each RAA must provide applicants with housing search assistance that includes, at a minimum: a list of available units in the area and of landlords who are familiar with the Section 8 program that may have units available. Where available, applicants will have access to RAA's Resource Rooms which contains listings of available units, a computer to access listings on the Internet, local newspapers, and a telephone participants can use during housing search. In addition, the

RAA will refer applicants to its regional Housing Consumer Education Center (HCEC) to assist in housing search.

## **18-I.F. APPEALS**

The RAA is responsible for defending its decisions pertaining to the person's eligibility for Designated Housing Section 8 rental assistance. Section 8 appeal procedures will be utilized and shall be the same as currently in effect for the Housing Choice Voucher program, as set forth in Chapter 16.

## **18-I.G. GRANT COMPLIANCE**

As the official applicant and recipient of HUD funding for Designated Housing, DHCD is accountable to HUD for the successful administration of Designated Housing including: grant implementation and enforcement, and the final resolution of procedural and policy-related matters not specifically defined in statute or regulation.

- DHCD reserves the right to periodically conduct reviews and audits of participant files as related to eligibility and housing contracts.
- Each RAA must ensure that all Designated Housing vouchers will be issued to other non-elderly disabled applicants upon turnover.
- RAAs will participate in all required evaluations, and will be prepared to maintain additional data on these clients, as required by HUD and/or DHCD.
- DHCD is responsible for coordinating all contracts and contacts with HUD regarding the Designated Housing Program.

## **18-I.H. ATTACHMENTS**

List of MHFA Developments involved in the Designated Housing Program - Phase I  
List of MHFA Developments involved in the Designated Housing Program - Phase II  
List of MHFA Developments involved in the Designated Housing Program - Phase III  
Comparison of the Mainstream and Designated Housing Programs  
Referral Form for Designated Housing

Phase I

	Name	Management Company	City	County	Congressional District	Disabled Applicants on Wait List
1	Fabens Building	McNeil	Lynn	Essex	6	2
2	Noonan Glen	McNeil	Winchester	Middlesex	7	4
3	Chestnut Glen	McNeil	Abington	Plymouth	10	12
4	Glen Grove	McNeil	Wellesley	Norfolk	4	20
5	Cedar Glen	McNeil	Reading	Middlesex	7	17
6	Kenmore Abbey	State Street	Boston	Suffolk	8	9
7	Rock Harbor Village	State Street	Orleans	Barnstable	10	37
8	Franklin Square House	State Street	Boston	Suffolk	9	70
9	Symphony Plaza East	State Street	Boston	Suffolk	8	159
10	Symphony Plaza West	State Street	Boston	Suffolk	8	196
11	Blackstone	State Street	Boston	Suffolk	9	103
12	Dorchester Housing Assoc.	Peabody Properties	Boston	Suffolk	8	19
13	Victory Gardens Apts.	Peabody Properties	Boston	Suffolk	8	20
14	Rita Hall Apts.	Peabody Properties	Lawrence	Essex	5	22
15	Lamplighter Village	Peabody Properties	Canton	Norfolk	9	12
16	Mt. Pleasant Apts.	Peabody Properties	Somerville	Middlesex	8	12
17	Framingham Green	Peabody Properties	Framingham	Middlesex	7	23
18	Chelsea Village Elderly	Peabody Properties	Chelsea	Suffolk	8	53
19	Village at Brookline	Winn Management	Brookline	Norfolk	4	13
20	Heritage House	Winn Management	Newburyport	Essex	6	23
					TOTAL	826

## Phase II

	Name	Management Company	City	County	Congressional District	Non-Elderly Disabled Applicants on Wait List
1	Linden Towers	Appleton	Springfield	Hampden	2	23
2	Sycamore House	Appleton	Holyoke	Hampden	1	5
3	Berkshiretown	Appleton	Pittsfield	Berkshire	1	3
4	St. Michael's House	Appleton	Northampton	Hampshire	2	21
5	Joseph's House	Appleton	Fitchburg	Worcester	1	7
6	McKinley House	Appleton	Chicopee	Hampden	2	4
7	Bayberry Estates	Claremont	New Bedford	Bristol	4	70
8	Solemar II	Claremont	Dartmouth	Bristol	3	58
9	The Car Barn	Claremont	New Bedford	Bristol	4	46
10	Hotel Worthy	Cornerstone Corp.	Springfield	Hampden	2	48
11	Sherwood Village	Cornerstone Corp.	Natick	Middlesex	7	15
12	GreenHill Tower	Cornerstone Corp.	Worcester	Worcester	3	38
13	Kings Beach Tower	Crowinshield	Lynn	Essex	6	9
14	Harbor Loft Apartments	Crowinshield	Lynn	Essex	6	26
15	Beachmont Apartments	Crowinshield	Revere	Suffolk	7	10
					TOTAL =	383



### PHASE III

	Name	Management Company	City	County	Congressional District	Non-Elderly Disabled Applicants on Wait List
1	Academy Knoll	American Properties Team	Marlborough	Middlesex	5	0
2	Apple Village	American Properties Team	Beverly	Essex	6	0
3	Essex Towers	American Properties Team	Lawrence	Essex	6	0
4	Bellingham Square Apts.	American Properties Team	Chelsea	Suffolk	8	7
5	Ashland Commons	American Properties Team	Ashland	Middlesex	5	2
6	Marble Street Apts.	Barkan	Worcester	Worcester	3	34
7	Fitchburg Green	Barkan	Fitchburg	Worcester	3	34
8	Blake Estates I & II	Beacon Management	Boston-Hyde Park	Suffolk	8 or 9	74
9	Whittier Terrace	Beacon Management	Worcester	Worcester	3	52
10	The Academy	Corcoran	Fall River	Bristol	3	29
11	Lincoln School	Corcoran	Hingham	Plymouth	10	22
12	Waterview Apts.	Federal	South Boston	Suffolk	8 or 9	4
13	Gardner Terrace I	Federal	Attleboro	Bristol	3	9
14	Gardner Terrace II	Federal	Attleboro	Bristol	3	10
15	Arsenal Apts.	Gilbane	Watertown	Middlesex	8	8
16	Ocean Shores	Harbor	Lynn	Essex	6	21
17	Wilson Gardens	Harbor	Lynn	Essex	6	2
18	Millhaus at Upton	Harbor	Upton	Worcester	3	3
19	Weeks School Apts.	NCDF	Newton	Middlesex	4	10
20	Silsbee Tower	Simon Company	Lynn	Essex	6	9
21	Mtn. View Terrace	Tambone	Stoneham	Middlesex	7	17
22	Lowell Townhouse	Wingate	Lowell	Middlesex	5	18
23	Reservoir Towers	Wingate	Boston-Brighton	Suffolk	8 or 9	23
						388

## Comparison of the Mainstream and Designated Housing Programs

	Mainstream	Designated Housing
Disabled -head of household or spouse only	Yes	Yes
Age Requirement	Non-elderly or elderly (>62) ok	Non-elderly only
Regional Residency Preference	Yes	No if from MHFA list Yes if from DHCD list
DHCD Preference	Yes	No if from MHFA list Yes if from DHCD list
Number of Household Members	no limit	family must qualify for 0 or 1 BR unit, effectively limits household size to two members and does not include children.
Remove name from conventional Section 8 list when leased	Yes	Yes
Live-in aids	OK	OK
Tenant Selection	Referral	Referral

## **PART II: FAMILY UNIFICATION PROGRAM**

### **18-II.A. OVERVIEW**

The Family Unification Program (FUP) is a collaborative effort between the DHCD and the Department of Social Services (DSS). The FUP targets: (1) battered women and their children who have been displaced because of the battering situation and have not secured permanent, standard, replacement housing; and (2) families with children in placement who have substantially complied with all the DSS service plan tasks, but do not have permanent or adequate housing to which their children can be returned. All applicants must be referred by the DSS and have an open DSS case at the time of referral, selection, and when the voucher is issued.

The policies and procedures set forth in this plan will achieve two important DSS and DHCD program objectives: to maintain a regional distribution of FUP vouchers to ensure ongoing availability in all areas of the Commonwealth; and, to ensure rapid utilization of vouchers.

As of January 1, 1995, DHCD expanded the FUP statewide.

### **18-II.B. ELIGIBILITY**

A FUP eligible family is one that:

1. The DSS has certified is a family for whom the ***lack of adequate housing*** is a primary factor in the imminent placement of the family's child, or children, in out-of-home care, or in the delay of discharge of a child or children, to the family from out-of-home care; AND
2. Has substantially complied with all DSS service plan tasks and the lack of adequate housing is either the only remaining barrier to unification or will be the primary cause for imminent placement of the children in out of home care; AND
3. The RAA has determined is eligible for Section 8 rental assistance.

#### **Lack of Adequate Housing**

Lack of adequate housing means:

1. A family is living in substandard or dilapidated housing; or
2. A family is homeless; or
3. A family is displaced by domestic violence; or
4. A family is living in an overcrowded unit; or
5. A family is living in housing not accessible to its disabled child or children due to the nature of the disability.

#### **Substandard Housing**

An applicant is living in substandard housing if the unit:

1. Is dilapidated;  
"Dilapidated" means the unit does not provide safe and adequate shelter, and in its present condition endangers the health, safety or well being of a family, or the unit has one or more critical defects, or a combination of intermediate defects in sufficient number or extent to require

considerable repair or rebuilding. The defects may involve original construction, or they may result from continued neglect or lack of repair, or from serious damage to the structure.

2. Does not have operable indoor plumbing;
3. Does not have a usable flush toilet inside the unit for the exclusive use of the family;
4. Does not have a usable shower or bathtub inside the unit for the exclusive use of the family;
5. Does not have electricity or has inadequate or unsafe electrical service;
6. Does not have a safe or adequate source of heat;
7. Should, but does not have a kitchen; or
8. Has been declared unfit for habitation by an agency or unit of government.

### **Homeless**

A “homeless family” includes any person or family that:

Lacks a fixed, regular, and adequate nighttime residence; and also

Has a primary nighttime residence that is:

1. A supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing);
2. An institution that provides a temporary residence for persons intended to be institutionalized; or
3. A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

### **Involuntarily Displaced Due to Domestic Violence**

The applicant has vacated a housing unit because of domestic violence; or the applicant lives in a housing unit with a person who engages in domestic violence.

“Domestic violence” means actual or threatened physical violence directed against one or more members of the applicant family by a spouse or other member of the applicant’s household.

For an applicant to qualify under this category the actual or threatened violence must have occurred recently or be of a continuing nature and the applicant must certify that the person who engaged in such violence will not reside with the applicant family.

### **Living in an Overcrowded Unit**

A family is considered to be living in an overcrowded unit if:

1. The family is separated from its child (or children) and the parent(s) are living in an otherwise standard housing unit, but, after the family is re-united, the parents’ housing unit would be overcrowded for the entire family and would be considered substandard; or
2. The family is living with its child (or children) in a unit that is overcrowded for the entire family and this overcrowded condition may result in the imminent placement of its child (or children) in out-of-home care.

DSS occupancy standards will be used to determine whether the unit is overcrowded.

### **Other Eligibility Criteria**

Applicants must have an open DSS case at the time of referral; at the time of application; at the time of selection; and, at the time a subsidy is issued.

## **18-II.C. OUTREACH & REFERRALS**

DSS and DHCD will periodically conduct training sessions for all DSS staff to inform them of the purpose of the program, the availability of subsidy, and how to make referrals.

### **DSS Area Office Referrals to the FUP**

DSS Area Offices will refer applicants to the FUP waiting list by submitting a “Referral Form/Certification of Eligibility” (Form attached at end of this section) to the RAA. If there are less than 25 applicants from that region on the waiting list, the referral will be placed on the waiting list. If there are 25 applicants already on the waiting list, the referrals will be returned to DSS by the RAA; however, DSS may resubmit the referral at a later date. An applicant can only be on DHCD’s waiting list once. Multiple referrals will be rejected.

Upon selection from the waiting list the RAA will forward the referral directly to either the DSS Central Office (for Boston only) or to the Regional DSS Office screening staff to complete the “Certification of Eligibility”. The Central/Regional Office screening staff will make the final determination of the family’s eligibility for the FUP. The Central/Regional Office screening staff will be responsible for notifying the RAA and the DSS Area Office designees, in writing, of the applicant’s eligibility or ineligibility. If the applicant is ineligible, the RAA will inform the applicant, in writing, of the denial by DSS and of their right to contact DSS for further information. If the applicant is eligible, the RAA will contact the applicant and ask them to complete a detailed Section 8 application. The RAA will perform a standard Section 8 eligibility check including but not limited to income verification, household composition, eligible immigration status and CORI status. Verification of preference/eligibility will be required in accordance with Section 3 of this plan.

Referrals will not be forwarded to the DSS Central/Regional Office to complete the Certification of Eligibility until the applicant is selected from the FUP waiting list.

### **Housing Agency Referrals to DSS**

There may be limited instances where, if a Section 8 applicant appears to be eligible for the FUP, DHCD’s RAA will refer the applicant to the DSS Central Office screening staff. DSS Central Office staff will contact the assigned social worker and inform him/her of the referral to the FUP and the program eligibility requirements. If the assigned social worker can verify eligibility and supports the FUP referral, he/she will forward to Central Office the “Referral Form/Certification of Eligibility”. The applicant will be placed on the waiting list if the regional maximum has not been exceeded.

## **18-II.D. WAITING LIST – MANAGEMENT & SELECTION**

DHCD has created a single waiting list and admissions tracking system for the FUP. The list is maintained by each RAA that manages the FUP. The RAAs are responsible for a majority of admissions functions, including but not limited to: receiving referrals from DSS, entering data, maintaining and updating the waiting list, and mailings to applicants.

All applicants will be placed on the FUP waiting list by the date and time the referral is received. If the waiting list is open for DHCD's HCVP, the applicant will also be placed on that list if they are not already on it. If a referral is received by FAX, the date/time that the FAX was received may be used when entering the applicant onto the waiting list. If the referral is not faxed it must be date/time stamped by the RAA. Incomplete referrals will be returned to the referring agency by the RAA. An applicant will not be placed on the FUP waiting list until the referral is complete.

Due to the limited number of FUP subsidies available, the number of referrals placed on the waiting list will be restricted to 25 from each RAA region. Therefore, the total number of applicants on the waiting list at any time will not exceed 225. Once the maximum number for a given RAA region has been reached, the RAA waiting list manager(s) will not accept the referral and will not place the applicant on the waiting list. If an RAA receives a referral for an applicant that lives out of its region, the referral should be returned to the referring DSS office with instructions on where it should be sent.

There may be instances where because of delays in the application process on either the part of the applicant or DSS, the RAA may choose to issue to a subsequent referral for the (first) available subsidy. In such cases, the RAA will document clearly in the applicant file why such a decision was made. The applicant who is skipped will be issued the next available FUP subsidy provided they submit the required documentation.

Targeted public notice will be given through the DSS Area Offices and the list will be open for the purpose of accepting referrals only for families that DSS has certified are eligible to participate in the FUP.

### **Residency Preference**

A regional residency preference for selection will be applied to all FUP applicants. The residency preference areas are the administrative areas of DHCD's RAAs.

Applicants are assigned a regional designation based on the address provided in the referral form.

If an applicant family is living in a shelter or other temporary residence, the location of their last permanent residence may be used for the purpose of establishing a residency preference. All applicant requests for a change of regional designation must be made in writing.

### **Selecting Applicants**

Applicants will be selected in order by date of application with a regional ranking preference applied. When a FUP subsidy is available in any RAA jurisdiction, the first eligible applicant in that region will receive the subsidy. If there is no eligible applicant in that region, the RAA will inform the DSS Area Office(s), in writing, of the availability of a subsidy and request a regional referral. If the DSS Area Office(s) does not make a referral within two weeks of having been informed of the availability of a subsidy, the RAA will select the next eligible person on the list

regardless of region. DSS and the RAA will work closely regarding the disposition of all applications.

In accordance with 24 CFR 982.201(e) information verifying family eligibility must be obtained by the RAA no more than 60 days before the applicant is issued a subsidy.

When all eligibility verification is complete an applicant briefing is conducted and a Section 8 subsidy is issued. DSS social workers are welcome to attend all Section 8 related functions with their clients and are encouraged to help them locate suitable and safe housing.

## **18-II.E. PORTABILITY**

If a FUP applicant moves out of the initial RAAs region, the applicant must be absorbed by the receiving RAA with a FUP voucher when one becomes available. If a FUP voucher is not available, the receiving RAA must bill the issuing RAA until such time as a FUP voucher is available. This procedure will prevent over-issuance of FUP subsidies and will maintain the regional allocation.

### ***Moves out of State***

In order for DSS to remain involved with the families accepted to the FUP, portability out-of-state will not be permitted in the first year. On a case-by-case basis and in consultation with the DSS domestic violence unit, exceptions may be made for applicants admitted due to domestic violence.

## **18-II.F. APPEALS**

DHCD's RAAs are responsible for defending their eligibility decisions, pertaining to the family's eligibility for FUP Section 8 rental assistance. Informal hearing procedures will be utilized and shall be as set forth in Chapter 16.

The DSS is responsible for defending its family eligibility determinations and a similar informal hearing procedure will be utilized.

## **18-II.G. ON-GOING CONSIDERATIONS**

The agency and individuals carrying primary responsibility for the provision of ongoing services to the family will be responsible to identify and access needed appropriate support services. The Department of Social Services will remain involved with families accepted to the program for a period of between six months and one year from the date of occupancy in order to provide supportive services and ensure that family stability is maintained in the new dwelling.

All FUP subsidies will be issued to other FUP eligible applicants upon turnover.

RAAs will participate in all required evaluations, and will be prepared to maintain additional data on these clients, as required by HUD and/or DSS.

After a subsidy is issued, DSS will inform the RAA of any changes in the family's situation or composition, such as the permanent removal of children from the household.

#### **18-II.H. ATTACHMENTS**



DSS Referral Form/Certification of Eligibility for the Family Unification Program

I. GENERAL INFORMATION

Social Security Number		DSS Case Number	
First Name	Middle Name	Last Name	
Address			
City	State		Zip Code
Shelter Name		Phone (include area code)	

II. FUP ELIGIBILITY CATEGORY

Does applicant have an open Department of Social Services Case Plan?    Yes ☐                      No ☐

IF NO, STOP HERE.  
APPLICANT IS NOT ELIGIBLE FOR THE FAMILY UNIFICATION PROGRAM.

Check only one of the following two boxes:

- ☐ Children have been removed from the home
- ☐ Children are at imminent risk of removal from the home

Check only one of the following four boxes:

☐      **Homeless or Living in Substandard Housing**

An applicant is living in substandard housing if the unit:

Is dilapidated;

“Dilapidated” means the unit does not provide safe and adequate shelter, and in its present condition endangers the health, safety or well being of a family, or the unit has one or more critical defects, or a combination of intermediate defects in sufficient number or extent to require considerable repair or rebuilding. The defects may involve original construction, or they may result from continued neglect or lack of repair, or from serious damage to the structure.

Does not have operable indoor plumbing;

Does not have a usable flush toilet inside the unit for the exclusive use of the family;

Does not have a usable shower or bathtub inside the unit for the exclusive use of the family;

Does not have electricity or has inadequate or unsafe electrical service;

Does not have a safe or adequate source of heat;

Should, but does not have a kitchen; or

Has been declared unfit for habitation by an agency or unit of government.

A “homeless family” includes any person or family that:

Lacks a fixed, regular, and adequate nighttime residence; and also

Has a primary nighttime residence that is:

A supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing);

An institution that provides a temporary residence for persons intended to be institutionalized; or

A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

☐      **Involuntarily Displaced Due to Domestic Violence**

The applicant has vacated a housing unit because of domestic violence; or the applicant lives in a housing unit with a person who engages in domestic violence.

“Domestic violence” means actual or threatened physical violence directed against one or more members of the applicant family by a spouse or other member of the applicant’s household.

For an applicant to qualify under this category the actual or threatened violence must have occurred recently or be of a continuing nature and the applicant must certify that the person who engaged in such violence will not reside with the applicant family.

☐      **Living in an Overcrowded Unit**

A family is considered to be living in an overcrowded unit if:

The family is separated from its child (or children) and the parent(s) are living in an otherwise standard housing unit, but, after the family is re-united, the parents’ housing unit would be overcrowded for the entire family and would be considered substandard; or

The family is living with its child (or children) in a unit that is overcrowded for the entire family and this overcrowded condition may result in the imminent placement of its child (or children) in out-of-home care.

☐ Current housing is not accessible to the family's disabled child or children

III. MEMBERS OF HOUSEHOLD TO LIVE IN UNIT

Total number of household members \_\_\_\_\_ Gross annual household income \$ \_\_\_\_\_

Check if the head of household or spouse is:  
62 years or older ☐ Disabled ☐ Displaced by government action ☐

List each person who will be living in the home. Put the head of household on the first line.

Last Name	First Name	M.I.	Social Security Number	Date of Birth	Sex

Are children currently with parent or guardian? ☐ Yes ☐ No How many \_\_\_\_\_?  
Are children in placement? ☐ Yes ☐ No How many \_\_\_\_\_?

IV. RACIAL ETHNIC DESIGNATION

Racial & ethnic data is collected for statistical purposes only. Your answers or failure to answer will not affect your application.

Is the head of household (Select as many as appropriate)

☐ White ☐ Black/African American ☐ American Indian/Alaskan Native  
☐ Asian ☐ Native Hawaiian/Other Pacific Islander

Is the head of household (please check one)

☐ Hispanic ☐ Non-Hispanic

V. SERVICES PROVIDED OR COORDINATED BY DSS (check all that apply)

<input type="checkbox"/> Health Services/Education	<input type="checkbox"/> Legal Aid
<input type="checkbox"/> Family or Adult Counseling	<input type="checkbox"/> Parenting Education
<input type="checkbox"/> Child Counseling	<input type="checkbox"/> Day Care
<input type="checkbox"/> Adult Substance Abuse Treatment	<input type="checkbox"/> Battered Women's Services
<input type="checkbox"/> Entitlements (AFDC, Medicaid, SSI, WIC, etc.)	<input type="checkbox"/> Child Substance Abuse Treatment
<input type="checkbox"/> Adult Education/Employment Services	<input type="checkbox"/> Other (specify)

VI. SIGNATURES (please print name above signature)

DSS Area Office \_\_\_\_\_  
Referring Social Worker: \_\_\_\_\_  
Signature & Date: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

DSS Area Office Supervisor \_\_\_\_\_  
Signature & Date: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

DSS Central/Regional Office ☐ Approved  
Approval/Denial: ☐ Denied, applicant does not meet FUP eligibility requirements  
Name and title \_\_\_\_\_  
Signature & Date: \_\_\_\_\_

For Housing Agency Use Only

Date referral received: \_\_\_\_\_ Time referral received: \_\_\_\_\_  
☐ Number of bedrooms for which the family qualifies based on DHCD occupancy standards

## **18-II.H. FAMILY UNIFICATION PROGRAM ADOLESCENT OUTREACH PILOT (FUP-AOP)**

This pilot program will be administered in Boston and the Greater Boston region by MBHP, and in Plymouth and Bristol counties by SSHDC.

### **18-II.I. ELIGIBILITY**

Youths at least 18 years old and not more than 21 years old (have not reached 22<sup>nd</sup> birthday) who left foster care at age 16 or older and do not have adequate housing.

Applicants must meet Chafee Program eligibility guidelines and be young adults ages 18 to 21 that:

- a) Are leaving DSS custody and not returning home;
- b) Have left DSS custody for independent living and are returning for Outreach Program support;
- c) Have signed a Voluntary Placement Agreement with DSS and will remain in agency care while pursuing their educational/vocational goals.

In addition to meeting one of the above eligibility criteria, young adults must:

- 1) Be employed or actively seeking employment, or have an income which is sufficient to pay the balance of the subsidized rent;
- 2) Agree to participate in the Outreach Program, and
- 3) Meet at least weekly with an Outreach worker to enhance money and home management skills, job maintenance skills, problem solving and decision-making skills, etc.

Applicants must also meet Section 8 eligibility requirements including but not limited to income, eligible immigration status, and CORI status.

### **18-II.J. REFERRALS**

The DSS AOP Coordinator will make all referrals. Referrals will be placed on the FUP waiting list.

DHCD's regional preference will not apply to this pilot program.

### **18-II.K. SUBSIDY STANDARDS**

Each eligible participant will receive his or her own voucher.

### **18-II.L. PORTABILITY**

Portability and moves out of state will not be permitted.

### **18-II.M. PROGRAM TIME LIMIT**

By law, a FUP voucher issued under this program may only be used to provide housing assistance for the youth for a maximum of 18 months. Due to current DHCD HCVP program

preferences, youth assisted under the FUP-AOP cannot transition to its Section 8 HCVP at the end of the 18-month period. If program participants are not ready to assume the full costs of independence at the 18-month limit, DSS AOP staff will facilitate the transition of program participants at the end of this period to a more supportive setting.

# DSS Referral Form/Certification of Eligibility Family Unification Program - Adolescent Outreach Pilot

## I. GENERAL INFORMATION

Social Security Number	Date of Birth	DSS Case Number
First Name	Middle Name	Last Name
Address		
City	State	Zip Code
Shelter Name		Phone (include area code)

## II. FUP-AOP ELIGIBILITY CATEGORY

Is the applicant's age 18-21?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does applicant meet Chafee Program eligibility guidelines?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the applicant employed or actively seeking employment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Check only one of the following three boxes:

- ☐ Applicant is leaving DSS custody and not returning home.
- ☐ Applicant has left DSS custody for independent living and is returning for Outreach Program support.
- ☐ Applicant has signed a Voluntary Placement Agreement with DSS and will remain in DSS care while pursuing their educational/vocational goals.

## III. INCOME

Source of income; check all that apply and identify amount:

<input type="checkbox"/> Wages	\$ _____	<input type="checkbox"/> Other _____	\$ _____
<input type="checkbox"/> SSI	\$ _____	<input type="checkbox"/> Other _____	\$ _____
<input type="checkbox"/> Social Security	\$ _____	<input type="checkbox"/> Other _____	\$ _____
<input type="checkbox"/> TANF/Welfare	\$ _____	<input type="checkbox"/> Other _____	\$ _____
<input type="checkbox"/> Foster Care Income	\$ _____	<b><u>Gross annual household income</u></b> \$ _____	

## IV. RACIAL ETHNIC DESIGNATION

*Racial & ethnic data is collected for statistical purposes only. Your answers or failure to answer will not affect your application.*

**Is the head of household (Select as many as appropriate)**

- |                                |   |   |
|--------------------------------|---|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Black/African American                 | <input type="checkbox"/> American Indian/Alaskan Native |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native Hawaiian/Other Pacific Islander |   |

**Is the head of household (please check one)**

- ☐ Hispanic    ☐ Non-Hispanic

**Is the head of household disabled?**

- ☐ Yes    ☐ No

**V. SIGNATURES** (please print name above signature)

DSS Office Central  
Referred by: Lisa A. Ciullo  
Signature & Date: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

**For Housing Agency Use Only**

Date referral received: \_\_\_\_\_ Time referral received: \_\_\_\_\_

☐

Number of bedrooms for which the family qualifies based on DHCD occupancy standards

## **PART III: GREATER PLYMOUTH AREA SUPPORTIVE HOUSING PROGRAM**

### **18-III. A. OVERVIEW**

The Greater Plymouth Area Supportive Housing Program (hereafter referred to as “GPASHP”) provides 10 Section 8 vouchers to very low-income, homeless families with either a disabled parent or child. The GPASHP program is targeted to those families who can live independently within the community, but need case management and support services in order to achieve and maintain successful tenancies. The GPASHP program is a unique collaboration between DHCD, and the South Shore Housing Development Corporation (SSHDC). In addition to administering the rental subsidy, SSHDC will also provide case management and coordinate the support services. However, SSHDC will contract for outside inspections and independent rent reasonableness certification.

### **18-III. B. ELIGIBILITY**

#### **Homelessness**

All applicants must meet HUD’s definition of “homeless” as per Section 103 of the McKinney Act (42 U.S.C. 11302):

- An individual who lacks a fixed, regular, and adequate nighttime residence; and
- An individual who has a primary nighttime residence that is:
  - A supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing);
  - An institution that provides a temporary residence for individuals intended to be institutionalized; or
  - A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

#### **Disability Status**

At least one person, either an adult or child, in a household must be disabled. See Exhibit 3-1.

Receipt of SSI or Social Security Disability payments is a sufficient demonstration that an applicant is disabled and eligible for GPASHP. In the absence of such income, a qualified individual must confirm whether or not applicants meet HUD’s definition.

#### **Family Composition**

Applicant families must include at least one dependent. For the purposes of the GPASHP program, a dependent is defined as a person, other than the family head of household or spouse, who is under the age of 18.

#### **Need for Services**

Applicant families must demonstrate a commitment to improving their quality of life and self-sufficiency skills through the use of the case management services provided through the GPASHP program by SSHDC.

### **Income**

All GPASHP applicants must meet the HUD's income guidelines for the Section 8 Housing Choice Voucher program.

## **18-III. C. OUTREACH**

### **Initial Outreach**

Initial outreach for GPASHP will be conducted by SSHDC through mailings to local Department of Transitional Assistance office staff, family shelter and transitional housing providers and social service staff affiliated with the Departments of Mental Health, Mental Retardation and Social Services.

### **Ongoing Outreach**

SSHDC is responsible for conducting all on-going outreach for the GPASHP program, including but not limited to: creating outreach materials, recruiting applicants, screening applicants and providing housing placement services to program participants. SSHDC will work with all applicants to ensure access to the program and will continually monitor outreach efforts to ensure that there is adequate assistance to clients in the preparation of the required applications and necessary documentation.

## **18-III. D. WAITING LIST MANAGEMENT & SELECTION**

Applicants must submit a completed pre-application to SSHDC in order to be placed on the GPASHP waiting list. Applicants who submit incomplete pre-applications will be notified of this fact by SSHDC and given the opportunity to resubmit their pre-application.

### **Waiting List Management**

The GPASHP waiting list will be maintained as a subset of SSHDC's conventional Section 8 waiting list. The date and time of SSHDC's receipt of the completed pre-application from the applicant will be used when determining the applicant's position on the GPASHP waiting list.

Due to the limited number of GPASHP subsidies available, the number of applicants placed on the GPASHP waiting list will be restricted to 25. Once the maximum number has been reached, SSHDC will not accept any additional referrals and will not place additional applicants on the waiting list. All persons who submit a GPASHP pre-application who do not receive a space on the waiting list will be notified by SSHDC in writing of this fact and their GPASHP pre-application discarded.

SSHDC is responsible for periodically updating the GPASHP waiting list. This can be done by sending letters to applicants on the waiting list requesting that the applicant indicate that s/he is still interested in the GPASHP program. Applicants not responding to such updates will be dropped from the list.

### **Selection**

Upon selection from the GPASHP waiting list SSHDC will conduct an eligibility screening, including: completion of a Section 8 application; income verification; homelessness verification; disability verification; family composition verification; citizenship review; and CORI check.



There may be instances where, because of delays in the application process, SSHDC may issue to a subsequent referral for the (first) available subsidy. In such cases, SSHDC will document clearly in the applicant file why such a decision was made. The applicant who is skipped will be issued the next available GPASHP subsidy provided they submit the required documentation.

### **18-III. E. SUPPORT SERVICES**

SSHDC has primary responsibility for: the provision of ongoing services by directly providing the services or by establishing linkages with appropriate community agencies; and identifying and assisting consumers to access needed appropriate support services throughout the family's involvement in the GPASHP program.

#### **Intake and Assessment**

SSHDC is responsible for conducting an intake and assessment during the prescreening process. This assessment may include a discussion of past tenancy-related problems and a review of available entitlements and support programs.

#### **Housing Search**

Housing search services will be provided with the goals of securing appropriate housing and achieving successful tenancies. Housing search assistance will be directly provided by SSHDC or by an existing network of housing search programs, which operate in the south shore region.

All selected participants will receive housing search assistance in the form of: information and referral; housing counseling; identification of appropriate housing options; initiating contact with property owners; and executing leases. Referrals will be made to provide rental and moving assistance when necessary.

SSHDC must also provide applicants with housing search assistance that includes, at a minimum: a list of available units in the area and a list of landlords who are familiar with the Section 8 program that may have units available. Applicants will also have access to SSHDC's Resource Room, which contains listings of available units, local newspapers, and a telephone for participants to use during housing search. In addition, the RAA will refer applicants to its regional Housing Consumer Education Center (HCEC) to assist in housing search.

#### **Housing Stabilization**

SSHDC is responsible for directly providing or coordinating housing stabilization services needed by GPASHP participants, which include lease compliance and referral for supportive services, income benefits and other community resources. SSHDC will refer participants for support services provided by identified providers in the community.

### **18-III. F. APPEALS**

SSHDC is responsible for defending its decisions pertaining to the person's eligibility for GPASHP. Section 8 appeal procedures as set forth in Chapter 16.

### **18-III. G. MONITORING**

#### **Terminations and Turnover**

SSHDC is responsible for tracking subsidy use. If a subsidy turns over, SSHDC is responsible for ensuring that this subsidy is re-issued to the next person on the GPASHP program waiting list. SSHDC is responsible for tracking the number and reasons for terminations of GPASHP Section 8 vouchers.

Refusal of GPASHP services is not grounds for termination of a GPASHP Section 8 subsidy.

#### **Housing Quality**

Housing quality and affordability will be evaluated annually by outside contractors hired by SSHDC. Contracted housing inspectors will conduct annual HQS inspections to ensure that clients are living in appropriate housing.

#### **Liaison to HUD**

DHCD is responsible for coordinating all contacts with HUD regarding the GPASHP Program.

#### **DHCD Program Oversight**

DHCD reserves the right to waive any GPASHP eligibility criteria and/or GPASHP program policies, if needed. DHCD also reserves the right to periodically conduct reviews and audits of participant client files as related to eligibility and housing.

#### **Reduction or Termination of Subsidies**

DHCD reserves the right to reduce or terminate the number of Section 8 GPASHP vouchers made available through the GPASHP program under the following circumstances: 1) the program outcomes are not satisfactory; there is not a sufficient demonstrated need for the subsidies; 2) the program is not being administered efficiently nor effectively; or 3) other problematic program issues arise.

### **18-III. H. ATTACHMENTS**

- GPASHP Program Participation Contract
- GPASHP Pre-application

**GREATER PLYMOUTH AREA SUPPORTIVE HOUSING PROGRAM (GPASHP)  
PROGRAM PARTICIPATION CONTRACT**

I, \_\_\_\_\_, agree to participate in the GPASHP program. I understand that participation includes complying with program rules, which include the following:

1. I agree to sign a Section 8 Voucher with DHCD's Regional Administering Agency and to comply with all terms of my lease with my landlord.
2. Upon moving into my apartment, none of my household members will engage in criminal activities.
3. I agree to work with my designated service provider to create a service plan, including signing any necessary releases.
4. I agree to have regular and consistent contact with my designated service provider in order to implement my service plan and make ongoing adjustments as needed.
5. I agree to participate in a regular review of my service plan with my designated service provider.
6. I agree to provide SSHDC with any information deemed necessary for the evaluation of the GPASHP program.

I understand that the subsidy for my apartment is directly linked with the services provided through GPASHP program.

\_\_\_\_\_  
Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Service Provider

\_\_\_\_\_  
Date

**PRE-APPLICATION FOR THE GREATER PLYMOUTH AREA SUPPORTIVE HOUSING PROGRAM  
(GPASHP)**

**SOUTH SHORE HOUSING DEVELOPMENT CORPORATION (SSHDC)  
169 SUMMER STREET, KINGSTON, MA 02364**

**PRE-APPLICATION MUST BE COMPLETED IN FULL**

**I. GENERAL INFORMATION**

<b>Social Security Number</b>		
<b>First Name:</b>	<b>Middle Name</b>	<b>Last Name</b>
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Shelter Name:</b>		<b>Phone (include area code)</b>

**II. MEMBERS OF HOUSEHOLD TO LIVE IN UNIT**

Total number of household members \_\_\_\_\_ Gross annual household income \$ \_\_\_\_\_

**Check if the head of household or spouse is:**

62 years or older ☐ Disabled ☐ Displaced by government action ☐

Is any household member disabled? ☐ Yes ☐ No

Is this person the Head of Household? ☐ Yes ☐ No

In any household member a dependent under the age of 18 ☐ Yes ☐ No

**III. RACIAL ETHNIC DESIGNATION**

*Racial & ethnic data is collected for statistical purposes only. Your answers or failure to answer will not affect your application.*

**Is the head of household (Select as many as appropriate)**

☐ White ☐ Black/African American ☐ American Indian/Alaskan Native  
☐ Asian ☐ Native Hawaiian/Other Pacific Islander

**Is the head of household (please check one)**

☐ Hispanic ☐ Non-Hispanic

**IV. HOUSING STATUS:** Check any that apply

- ☐ Living in shelter  
Name of Shelter \_\_\_\_\_
- ☐ Living on the street \_\_\_\_\_
- ☐ Living in an institution not designed for long-term residence  
Name of Institution \_\_\_\_\_
- ☐ Living in a hotel  
Name of Hotel \_\_\_\_\_
- ☐ Living in a transitional housing program

Name of Program\_\_\_\_\_

APPLICANTS MUST AGREE TO THE FOLLOWING: I understand that this is a pre-application for service referrals and rental assistance through South Shore Housing Development Corporation (SSHDC), and not an offer for housing. When my number reaches the top of the wait list, I will have to verify and document all the information that I am self certifying today and that if I do not meet eligibility requirements at the time of selection, my name will be dropped from the list. I understand that it is my responsibility to notify SSHDC of any change of address that may occur. I understand that my participation in the GPASHP program is subject to my being eligible and in compliance with HUD and DHCD regulations. I further understand that my participation is subject to a criminal history records check using CORI, and that I must be in compliance with SSHDC's drug and violent crime policy. I certify under pains and penalties of perjury that all information given on this application is true as of the date of the application.

<b>APPLICANT SIGNATURE</b>	<b>DATE</b>
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## **PART IV: HOUSING OPTIONS PROGRAM**

### **18-IV.A. OVERVIEW**

The Housing Options Program (HOP) provides rental assistance and supportive services to disabled persons in the greater Boston area who are homeless or at risk of homelessness. HOP is a collaborative effort of the DHCD, the Department of Mental Health (DMH), the Department of Public Health (DPH), the Executive Office of Health and Human Services (EOHHS) and the Massachusetts Rehabilitation Commission (MRC). These human service commissions commit funds to support the lead service agency, JRI Health, which provides all applicant referrals and coordination of services for program participants.

HOP is an integral part of a continuum of care that provides permanent housing for homeless persons with disabilities who are ready to live independently. HOP is targeted to homeless persons moving out of transitional housing in order to make beds available within the homeless service system. This unique program combines 345 Section 8 vouchers with support services. The HOP subsidies are allocated by disability with appropriate support services provided to each disability group.

- Priority 1:** Homeless disabled persons in transitional housing programs
- Priority 2:** Homeless disabled persons in shelters, streets, or places not meant for human habitation
- Priority 3:** Otherwise homeless disabled persons

For the purposes of the HOP Administrative Plan, an agency that is directly responsible for the provision of support services to a HOP participant is referred to as a “vendor.”<sup>1</sup>

### **Interagency Advisory Team**

The Interagency Advisory Team (IAT) is made up of representatives of DHCD, EOHHS, DMH, DMR, DPH, MRC, HomeStart (formerly the Greater Boston Housing Initiative (GBHI)), JRI Health (JRI), the Metropolitan Boston Housing Partnership (MBHP), the Massachusetts Housing Finance Agency (MHFA), and representatives of non-profit housing and service agencies working with homeless people with disabilities. The IAT is responsible for the management of support services funding, the development of HOP policies and procedures, and the general oversight of the program.

DMH, on behalf of all participating funding agencies, serves as the key agency responsible for the procurement and contracting with the Lead Service Agency (LSA). The LSA is responsible for the day-to-day HOP management.

JRI was selected as the LSA by the IAT, through a competitive Request For Proposal process coordinated by DMH. JRI’s overall role is to provide clients with the most direct access to

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<sup>1</sup> The vendors involved in HOP include: DMH, DMR, MRC, HomeStart, and JRI.

services and housing, and to facilitate successful tenancies. For the majority of HOP participants, JRI conducts outreach, manages referrals, initiates intake and assessment, conducts eligibility screenings, secures housing search and counseling services, and provides overall case coordination, follow-up, and monitoring. JRI works closely with the DHCD regional administering agency, MBHP, for housing referral, screening, administration, and placement. After securing housing placement, on-going stabilization services are provided by a variety of vendors depending on the nature of the disability(ies) and the geographic location selected by the program participant. JRI assures each participant continued access to services via regular contact with vendors providing direct service. During their tenancy, program participants have direct access to JRI to provide them with any assistance they may need in obtaining services or in changing vendors.

## **18-IV.B. ELIGIBILITY**

All HOP participants must meet each of the program eligibility criteria listed below.

### **Disability Status**

Either the head of household or spouse must have a primary disabling diagnosis in order to be eligible for HOP. Eligible diagnoses include:

- Primary disability of chronic mental illness as defined by eligibility criteria for DMH and eligible to receive services from DMH
- Primary disability which is HIV related or has an AIDS diagnosis
- Primary disability of substance abuse, and receiving services from HomeStart or eligible to receive services from HomeStart
- Primary disability of mental retardation and eligible to receive services from DMR
- Primary disability, which is a brain injury and eligible for services from the Statewide Head Injury Program (SHIP)
- Primary disability that is a physical and cognitive impairment and eligible for MRC's "Turning 22" program, "Supported Living Program," or other independent living services
- Clients of MRC's Protective Services Program
- Otherwise disabled persons including people who meet the Section 8 definition of Disability and are not currently a client of any state agency, or eligible for the services of any state agency (referred to as *otherwise disabled*)

### **Income Guidelines**

All HOP applicants must meet the HUD's income guidelines for the Section 8 Housing Choice Voucher program.

### **Preference**

All applicants must meet DHCD's Substandard Housing/Homeless Preference as defined in Chapter 4.

### **Need for Services**

All applicants must demonstrate a need for the services provided through HOP and be willing to accept those services.

### **18-IV.C. OUTREACH**

The IAT assumes overall responsibility for directing outreach efforts. Each vendor conducts targeted outreach to transitional programs and shelters. Referrals from the general public are also accepted. JRI works with all applicants to ensure that they can conveniently access the program. JRI continually monitors outreach efforts to ensure that vendors are providing adequate assistance to clients in the preparation of the required application and necessary documentation.

### **18-IV.D. WAITING LIST MANAGEMENT, REFERRALS & SELECTION**

The 345 HOP subsidies are allocated by disability, as determined by the IAT, with a vendor committed to providing support services to each disability group. It is the responsibility of the IAT to establish a subsidy allocation plan and amend it as necessary.

<b>Total Subsidy Allocation</b>		
<b>Disability</b>	<b>Vendor</b>	<b>Subsidy Allocation</b>
Chronic Mental Illness	Department of Mental Health	195
Mental Retardation	Department of Mental Retardation	20
Substance Abuse	HomeStart (formerly the Greater Boston Housing Initiative)	60
HIV-Related/AIDS	JRI Health	30
Brain Injury/Physical or Cognitive Impairment	Massachusetts Rehabilitation Commission	20
Otherwise Disabled	JRI Health	20
<b>TOTAL:</b>		<b>345</b>

### **Vendor Waiting List Management**

There is a waiting list for each disability group consisting of prescreening applications collected by each vendor. Each vendor is responsible for establishing the policies and procedures that govern the management of their waiting list. However, applicants who meet the criteria for HOP Priority 1 are given a ranking preference over those who meet the criteria for HOP Priority 2 or 3. Applications will be selected from the vendor waiting list to be placed in the JRI referral pool in order to maintain an adequate number of completed applications in the referral pool.

### **Referrals**

All HOP referrals are assessed for program eligibility by a HOP vendor or a local service provider before being sent to JRI. This assessment includes an evaluation of eligibility for HOP



(i.e., housing status, income guidelines, and disability verification) and the completion of an intake assessment form.

JRI is responsible for establishing and maintaining a referral pool of already screened, eligible applicants for whom a completed application<sup>2</sup> and related documentation have been received by JRI and are thus ready for referral to MBHP when a subsidy becomes available. This referral pool will be organized chronologically by date received, within the three priorities. Vendors may consult with JRI to determine how many referrals to keep in the referral pool based upon historical attrition of their clients from the program. Each vendor will attempt to maintain the agreed-upon number of completed HOP applications in the JRI referral pool at any given time. When a subsidy becomes available, an appropriate referral will be made from JRI to MBHP from the JRI referral pool.

MBHP will enter all JRI referrals onto DHCD's waiting list/admissions tracking system by date/time the referral is received.

### **Selection**

When all eligibility verification is complete a subsidy is issued, all normal Section 8 procedures take place, beginning with a briefing session. Service providers are welcome to attend all Section 8 related functions with their clients and are encouraged to help them locate suitable and safe housing.

There may be instances where because of delays in the application process on either the part of the applicant, vendor, or JRI, MBHP may issue to a subsequent referral the (first) available subsidy for that disability group. In such cases, MBHP will document clearly in the applicant file why such a decision was made. The applicant who is skipped will be issued the next available HOP subsidy from that disability group provided they meet all eligibility criteria and submit the required documentation.

### **Selection of the Designated Vendor for an Available Subsidy**

When a subsidy becomes available, JRI is responsible for designating which vendor may use this subsidy and notifying that vendor of the subsidy's availability. However, when a vendor becomes aware of a potential subsidy turnover they are responsible for notifying JRI immediately.

### **Selection when a Subsidy Becomes Available Upon Turnover**

Within 5 business days of a voucher becoming available, MBHP notifies JRI by fax and phone of this availability. JRI is responsible for notifying the appropriate vendor of this availability. Within 4 business days of learning of the available voucher, JRI will review the HOP referral pool and determine the next appropriate applicant through the following process:

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<sup>2</sup> For purposes of the HOP Administrative Plan, a completed application includes: a pre-screening application, intake assessment form, signed Program Participation Agreement, signed CORI release, letter from service provider documenting applicant's housing status, and birth certificate or immigration documentation, and income verification documentation (e.g., letter from Social Security office, employment pay stubs, etc.).

- JRI will review the Referral pool to determine if the designated vendor who will use the available subsidy has any applicants in the pool . If so, the oldest application will be forwarded to MBHP for review within 5 business days.
- If the designated vendor has no viable applicants in the JRI Referral pool, the designated vendor has 5 business days to submit a referral (i.e. pre-screened application) to JRI. After completing the referral, the designated vendor has 5 additional business days to submit that referral's completed application to the JRI Referral pool for review. JRI will forward this completed application to MBHP for review within 5 business days.
- If the designated vendor does not submit a completed application for an eligible candidate to JRI within the 10 business days specified above, then JRI will select the oldest application from the JRI Referral pool (for prioritization, see Section 0) for any vendor who is 100% issued. JRI will forward this application to MBHP for review within 5 business days.

#### **Selection of a Designated Vendor when the Subsidy is “On Loan”**

If the available subsidy is on loan from another vendor, and that vendor is currently 100% issued and would like to obtain the subsidy, then the available subsidy is returned to the original vendor at turnover.

If the available subsidy is on loan from another vendor, and that vendor is not fully issued, the available subsidy may continue to be used by the borrowing vendor.

### **18-IV.E. SUPPORT SERVICES**

JRI and the IAT guarantee that the various needs of HOP participants will be addressed. Services are coordinated through the members of the IAT with oversight and case coordination provided by JRI.

#### **Initial Intake and Assessment**

The vendor or local service agency making the referral is also responsible for conducting an initial intake and assessment during the prescreening process. If necessary, JRI may choose to conduct a subsequent interview to determine the availability of support services. This assessment may include a discussion of past tenancy-related problems and a review of available entitlements and support programs.

#### **Housing Search**

All selected participants will receive assistance with locating appropriate housing, initiating contact with property owners, and executing leases. This service is provided through an existing network of housing counseling contracts in the Greater Boston area. JRI is responsible for providing assistance with housing search for: MRC clients, persons living with HIV/AIDS, otherwise disabled persons, some DMH clients as agreed upon between DMH and JRI, and those persons with substance abuse issues through a subcontract with HomeStart. All other vendors, specifically DMR and the remaining DMH, are responsible for conducting their own housing search.

### **Housing Stabilization**

Each vendor is responsible for providing housing stabilization services, such as budgeting, paying bills, lease compliance, and orientation to the community. JRI provides housing stabilization services to HOP participants living with HIV/AIDS, those who are otherwise disabled, and some DMH clients, as agreed upon between DMH and JRI. JRI also provides housing stabilization services to persons who have substance abuse issues through a subcontract with HomeStart. MRC and DMR, as well as the remaining DMH, are responsible for providing housing stabilization services to their consumers.

### **18-IV.F. APPEALS**

MBHP is responsible for defending its eligibility decisions, pertaining to the person's eligibility for HOP Section 8 rental assistance. Section 8 informal hearing procedures will be utilized. See Chapter 16.

JRI and the participating HOP vendors are responsible for making their consumers aware of the grievance procedure employed by that vendor. These grievance procedures should detail a mechanism for defending service eligibility determinations including informal hearing procedures.

### **18-IV.G. PORTABILITY**

#### **Initial Year In-State Restriction**

HOP applicants will be restricted to leasing within the Commonwealth of Massachusetts for their initial year in the program (see 24 CFR 982.353). After the initial year, HOP participants are free to lease outside of the Commonwealth. When such an out-of-state lease occurs, the participant will no longer be considered part of the HOP program and the subsidy will be available to re-issue provided that the receiving agency absorbs the voucher.

#### **Transfers**

If a HOP applicant or participant moves out of MBHP's region, the receiving RAA will temporarily add one HOP voucher to its allocation and absorb the applicant or participant. MBHP will simultaneously lose one HOP voucher. In order for JRI to coordinate services, MBHP and the receiving RAA must immediately report all transfers to JRI, as well as to DHCD on the quarterly report.

When the transferring participant terminates from HOP, the receiving RAA must inform MBHP and JRI. Both MBHP and the receiving RAA will return to their original allocations.

### **18-IV.H. GRANT COMPLIANCE**

As the official applicant and recipient of HUD funding for HOP, DHCD maintains ultimate accountability to HUD for the successful administration of HOP including grant implementation and enforcement, as well as the final resolution of procedural and policy-related matters not specifically defined in statute or regulation. DHCD reserves the right to periodically conduct reviews and audits of participant client files as related to eligibility and housing contracts.

Each participating HOP agency agrees to respond to requests for data and/or information in a timely manner.

### **Reduction or Termination of Subsidies**

DHCD reserves the right to reduce or terminate the number of Section 8 HOP vouchers made available through the HOP program, under the following circumstances: 1) program outcomes are not satisfactory; 2) there is not a sufficient demonstrated need for the subsidies; 3) the program is not being administered efficiently nor effectively; or 4) other problematic program issues arise.

### **Evaluation & Follow-up**

Each vendor has developed and is responsible for administering a client satisfaction survey to all HOP participants in its portfolio. In addition, JRI will conduct follow-up evaluations on all clients housed through HOP. The follow-up evaluations review the level of services the client is receiving, his satisfaction and security in his home, and his ability to meet the terms of the lease, including the ability to financially maintain the unit. During the entire length of a participant's tenancy, he will have direct access to JRI to provide him with any assistance he may need in obtaining services or changing vendors.

JRI is responsible for ensuring that vendors or commissions conduct follow-up on their respective program participants to determine that they are receiving the appropriate level of services and if they are meeting the terms of the lease. JRI is also responsible for notifying the appropriate public or private agencies when services are not provided or are inadequate to meet the need of the client.

MBHP and JRI will participate in all required evaluations, and will be prepared to maintain additional data on HOP clients, as required by DHCD, HUD and/or DMH, DPH, MRC, DMR, or EOHHS.

## **PART V: JOBLINK WELFARE TO WORK PROGRAM**

*This program is closed to new participants.*

### **18-V.A. OVERVIEW**

The JOBLink Welfare to Work Program (JOBLink) assists families who are current or former (within the past 24 months) TANF recipients, who are working and/or participating in job-readiness training programs leading to employment and who demonstrate a critical housing need.

The U.S. Department of Housing and Urban Development has awarded 2,000 welfare-to-work vouchers to the Massachusetts Department of Housing and Community Development, which will be administered as the JOBLink Housing Voucher Program. JOBLink will support families to make a successful transition from welfare to work by providing tenant-based rental assistance to meet critical housing needs. Eligible families will also be able to participate in DHCD's successful Family Self Sufficiency program in order to achieve ongoing career development and housing goals.

The purpose of the JOBLink Welfare to Work Housing Voucher Program (JOBLink) is to provide housing assistance to families who are current or former (within the past 24 months) TANF recipients, who are working and/or participating in job-readiness training programs leading to employment, who demonstrate a critical housing need, and who meet all eligibility criteria for the Section 8 Housing Choice Voucher Program. In order to maintain eligibility for JOBLink voucher assistance, the participating family's head of household or and/or other adult family member must maintain employment and/or rapidly regain employment in the event of job loss.

### **JOBLink Steering Committee**

DHCD has developed and designed its JOBLink Section 8 Voucher Welfare to Work initiative with key partner agencies at the highest levels of Massachusetts state government. In planning, implementing, staffing, and maintaining an effective program, the chief partner agency has been the Commonwealth's designated TANF agency, the Massachusetts Department of Transitional Assistance (DTA). Representatives of DHCD, DTA, HUD, Regional Administering Agencies (RAAs), the Workforce Investment Association, employers, and community-based organizations comprise the JOBLink Steering Committee that meets quarterly to oversee program development.

### **18-V.B. DEFINITIONS**

Employment: engagement in work activities for which the person is paid by an employer, or which generate self-employment income. Also includes situations in which a person is considered by an employer to be an employee, eligible for compensation and or benefits, even when on a recognized paid or unpaid leave, from which the person is expected to return to the same employer to the same or an equivalent position (i.e. situations when the person is covered by Massachusetts and/or employer maternity/paternity leave, FMLA, National Guard duty, etc.).

JOBLink Primary Participant: usually the head of household, whose initial eligibility resulted in the family's JOBLINK participation, but could be another adult household member for purposes of the family meeting the JOBLINK employment obligation.

Qualifying Job-Readiness Program: A recognized job-readiness, skill training, employment preparation, job search assistance, or college-level educational program in which a JOBLINK applicant is currently enrolled and in good standing, and which has been approved for that applicant by the Department of Transitional Assistance, which the applicant expects to complete and which will lead to employment within four months of program completion.

Qualified Re-employment Program: a recognized job-readiness, job training, or college program (usually funded by DTA, WIBs, PICs, DOL, DOE, etc.) providing intensive, on-site services and classes for the purpose of helping a person to regain suitable employment and learn additional job skills.

## **18-V.C. ELIGIBILITY**

DHCD's JOBLINK vouchers are distinguished from conventional Section 8 subsidies in that they will be utilized to reward employment and support job enrichment for current and former TANF recipients.

All JOBLINK applicants must meet the HUD's routine Section 8 Housing Choice Voucher Program eligibility factors including, but not limited to, income eligibility, satisfactory CORI, citizenship/immigration status, and past performance in a state- or federally-assisted housing program.

Additionally, eligible JOBLINK applicants must meet all of the following eligibility criteria:

### **TANF-recipient Status**

The family must be currently receiving, or have received within the 24 months prior to selection, TANF benefits. In Massachusetts, federal TANF funds are used for TAFDC (cash welfare assistance) and most forms of Emergency Assistance (EA) benefits for eligible families. Either the head of household, resident spouse, other eligible adult within the Assistance Unit (DTA term for assisted family/household) or child/ren in the applicant family must have received or be receiving TAFDC and/or EA benefits, or TANF benefits issued by another state in the past (but within the previous 24 months) to establish eligibility in this criteria.

### **Employment and/or Job-Readiness Program Status**

The head of household or resident spouse must be employed an average of 75 hours per month and/or participating in a DTA-approved qualifying job readiness training program expected to lead to employment within four months. Equal consideration will be given to the following two populations:

(1) **WORKING FAMILIES:** Families that are currently receiving or have received TANF benefits within the past 24 months: (1) where the head-of-household or spouse is employed *and* participating in one or more DTA or DOL funded post-employment programs; *or*, (2) where the head-of-household or spouse is employed *and* will agree to participate in corresponding re-employment program(s) if they should lose their job and have difficulty becoming re-employed.

Preference for Homeless Families in Shelter or Transitional Housing Programs: Homeless families in the Commonwealth's shelter or transitional housing system who are residing in these facilities at the time JOBLink commences (January 2000), and who meet the working families criteria, will be given a ranking preference within this category.

(2) **JOB READY FAMILIES:** Families that meet all of the following three criteria: (1) currently receive TANF benefits, (2) are participants in good standing in JOBLink-qualifying job readiness programs, and (3) are referred for participation in the JOBLink program by DTA. While in general, the programs are expected to be short-term, leading to employment within four months, an applicant who is in good standing in a longer-term training or college-level program which has been approved by DTA for that individual and is supported by DTA-provided support services (childcare and/or transportation) may be eligible within this category. However, general education programs, including G.E.D. preparation, do not serve as qualifying programs for purposes of JOBLink eligibility.

Preference for Homeless Residents of Transitional Housing Programs: Homeless families in any of the Commonwealth's transitional housing facilities who meet the JOB READY criteria, who are residing in these facilities at the time JOBLink commences (January 2000), will be provided with a ranking preference within this category, provided that the facility provides case management services and the family has been complying with the terms of their case management requirements, as verified by the case manager.

### **Critical Housing Voucher Need Status**

The applicant must meet one of the following critical voucher need standards in order to satisfy the federal requirement and be issued a JOBLink voucher:

#### **(1) Insufficient Funds to Meet Basic Expenses**

Applicants whose monthly housing cost (rent plus utilities) exceeds 40% of their monthly gross income will automatically be deemed to have satisfied the critical need requirement.

OR

Applicants who can demonstrate that a *combination* of those daily expenses — including housing costs (rent plus utilities) — required to permit them to work (e.g., transportation, child care etc.), *that are not eligible for reimbursement on various DTA or other publicly-funded programs*, where such a combination of expenses exceeds 50% of their monthly gross income, will be deemed to have satisfied the critical need requirement.

#### **(2) Need to Relocate Closer to Work**

Applicants who *either* are working (or who have a *bona fide* job offer) that reside more than 60 minutes from their workplace *or* are not able to secure adequate transportation to get to work, will be deemed to have satisfied the critical need requirement. Applicants who do not have adequate child care available either near their home or workplace will be deemed to have satisfied the critical need requirement.

### **(3) Homelessness**

Homeless applicants who are working and reside in either a shelter or a transitional housing program, or who are residing in a transitional housing facility will be deemed to have satisfied the critical need requirement.

### **(4) Unstable/Temporary Accommodations**

For the purposes of determining eligibility for the JOBLink Housing Voucher Program, the critical housing need criteria can be met if the family is staying in an unstable or temporary situation, as defined herewith:

A family residing temporarily with friends or extended family in a doubled-up or overcrowded situation, or in similar temporary accommodations, who would otherwise be without a permanent residence of their own or would otherwise be in a publicly- or privately-funded family emergency shelter will be deemed to have satisfied the critical need requirement.

To verify this condition for eligibility, the applicant must provide documentation as determined sufficient by the administering agency to demonstrate housing instability and impact on applicant's ability to seek and maintain employment. In general, the one or more of the following may be used to satisfy this requirement:

- Statement (preferably notarized) from the tenant/homeowner of the unit stating that the **applicant** family is temporarily residing with the tenant/homeowner, accompanied by documentation of the tenant/homeowner's lease, tenancy-at-will, or title for the unit.
- Statement (preferably notarized) or copy of letter from the owner of the tenant's unit providing evidence that the tenant is at risk of eviction due to the **applicant** family's temporarily (and currently) residing with the tenant, accompanied by documentation of the tenant's lease or tenancy-at-will.
- An original letter on letterhead from a professional third-party (DTA TA Worker, DSS Worker, licensed social worker, member of the clergy, etc.) verifying that the applicant family is currently in a temporary, doubled-up, and/or overcrowded situation as per the above definition.
- Notarized statement from the property owner of a unit verifying that the applicant family is temporarily residing with the tenant of the unit, but has no tenancy rights, accompanied by documentation of the tenant's lease or tenancy-at-will.



- Other documentation as determined sufficient by the administering agency.

## 18-V.D. INITIAL OUTREACH AND RECRUITMENT/ISSUANCE/LEASING

HUD awarded the maximum number of Welfare to Work Vouchers available—2000—to DHCD's statewide program. As outlined in DHCD's proposal to HUD, these vouchers have been allocated among DHCD's Section 8 Housing Choice Voucher Program regions and RAAs based upon proportions of DTA caseloads (as of February 1999) in each region. The following table outlines this initial JOBLink voucher distribution:

### Total Subsidy Allocation

Region/s	Vendor	Subsidy Allocation
Berkshire County	Berkshire Housing Development Corporation	40
North Middlesex/Essex County	Community Teamwork, Inc.	300
Cape & Islands	Housing Assistance Corporation	40
Hampden/ Hampshire/ Franklin County and Springfield	Hampden Hampshire Housing Partnership, Inc.	400
Boston and Metro Boston	Metropolitan Boston Housing Partnership, Inc. (with Lynn Housing Authority)	620
North and South Worcester County	Rural Housing Improvement, Inc.	300
South Middlesex	South Middlesex Opportunity Council	40
South Shore	South Shore Housing Development Corporation	340
TOTAL		2000

To achieve successful outreach to potentially eligible families, establish the DTA-linked referral method, and process applications in the volume necessary to issue and utilize the full 2000 Welfare-to Work vouchers awarded by HUD within the applicable time limits, DHCD and its subcontracted regional administering agencies utilized a number of outreach methods during the period of January 1, 2000 through June 30, 2001. While the methods of initiating contact and the application process with potentially eligible families varied, the JOBLink eligibility criteria tests as outlined above were utilized to reach all eligibility determinations. Each RAA was responsible for determining the methods, volume, and timing needed to maximize applicant access to the program and reach issuance levels in each region that would yield 100% leasing by HUD's June 30, 2001 deadline. As each RAA reached this issuance level, they continued to accept JOBLink referrals under the DTA referral system (see Phase Two, below) and placed the candidates on the JOBLink and HCVP waiting lists.

## **PHASE ONE: Screening the Section 8 Waiting List for Eligible Applicants**

In 1998, DHCD created a computerized, Internet-based waiting list application that allows all applicant data at the regional level to be entered into one master database, providing DHCD with immediate access to all applicant information. In early November 1999, DHCD and DTA performed a computerized match of all DHCD applicants with DTA's current and former caseload as of November 1, 1999 in order to identify all potentially eligible JOBLink applicants who were on DHCD waiting lists.

Each DHCD regional contractor then notified all potential applicants in its region who were identified by the DHCD/DTA screening (unless the name and address had been recently eliminated during a routine wait list purge) that they may be eligible for JOBLink. Families that responded to this notification were able to complete the application process with eligibility determinations made on a rolling basis.

## **PHASE TWO: Department of Transitional Assistance (DTA) Referral System**

As intake processing was underway for the "match list" applicants, DHCD and DTA worked together to implement a closed referral system to capitalize on the DTA caseworkers' familiarity with current and former TAFDC- and EA-receiving families and to streamline the eligibility process. Beginning in March 2000, DTA case workers were asked to identify and refer all current and former families that they knew to be working and/or in job-readiness programs who also had a critical housing need as defined for the JOBLink program by forwarding referrals on a DTA-approved referral form. In addition, DTA case workers were instructed to make referrals for clients who specifically requested them (assuming they met the basic referral criteria) and to refer clients whose case had closed more than 12 months prior to the Centralized Eligibility Operations Unit, which would then make the referral on behalf of the former recipient. All referrals were faxed to DHCD and/or to the local RAA, which then contacted the potential candidate to provide them with program and intake process information. The referral form itself serves as verification of the applicant's TAFDC and/or EA status, thereby streamlining one aspect of the intake process; for this reason, only DTA staff have the authorization and necessary forms to make JOBLink referrals. Each local DTA office has designated one staff member (often the office director or assistant director) to serve as the office's JOBLink primary liaison with the appropriate RAA's JOBLink Project Coordinator.

As each RAA reached its issuance target, it established an intake closing date, and notified each DTA office in its region that after that date, JOBLink referrals would still be accepted, with each referred family being placed on the JOBLink Waiting List but not processed for intake at that time. DTA caseworkers also received a department (DTA) communication acknowledging the success of the JOBLink outreach process and reinforcing the ongoing linkage between the two agencies for making JOBLink referrals and supporting the participating families in maintaining employment.

### **PHASE THREE: Statewide Waiting List Reopened**

Beginning in March 2000, DHCD re-opened its statewide waiting list. Any family seeking voucher assistance was able to submit a pre-application resulting in that family's placement on the Section 8 Housing Choice Voucher waiting list. The pre-application included a question that allowed a family to self-identify as a current or former recipient of TAFDC and/or EA (TANF benefits). RAAs were then able to contact the families in their region based on this information and invite them to apply for the JOBLink program if the family believed that it met all JOBLink eligibility criteria. Based on the volume and effectiveness of all outreach methods employed by each RAA, the RAA determined if and how to perform outreach to this potential pool of candidates. Several RAAs sent out mass mailings, some did not need to access this pool at all, and the RAA with the largest number of available vouchers (MBHP) invited all Section 8 HCVP applicants who had self-identified to come in and complete the full JOBLink application on the spot during a several day period when they closed to regular business and enlisted most agency staff to assist with the JOBLink application "marathon."

### **Other Targeted Outreach and Mailings**

Throughout the January 2000 – June 2001 implementation period, RAAs conducted a variety of recruitment efforts to maximize outreach to potential JOBLink candidates. Chiefly, this consisted of outreach to agencies within each RAA's region that offered shelter, homelessness prevention, and/or education and training services and establishing streamlined application processes to facilitate rapid intake processing and voucher issuance to eligible families.

### **18-V.D. ONGOING WAITING LIST MANAGEMENT, REFERRALS & SELECTION**

The initial round of outreach, intake, and issuance was officially concluded June 30, 2001. Families with outstanding JOBLink vouchers were notified that they retained their full housing search period with any applicable extensions, but no further JOBLink Vouchers will be issued until such time as the RAA, in consultation with DHCD, determines that new or turnover JOBLink subsidies are available.

### **Waiting List Management**

There is a JOBLink waiting list within DHCD's statewide waiting list database, which is maintained by the RAAs. Access to the JOBLink waiting list is through a closed referral process established with DTA. Once on the waiting list, it is the applicant family's responsibility to notify the RAA, in writing, of any changes in contact information. From time to time it may be necessary for the RAA to perform a standard purge procedure on the JOBLink waiting list, and if the applicant family does not respond, they may be removed from the waiting list and further JOBLink consideration.

### **Referrals**

Referrals to the JOBLink Housing Voucher Program may only be made by DTA staff/case workers, using the DTA/DHCD JOBLink Referral Form. The referral process may be initiated by a caseworker having knowledge of a family who would be an appropriate referral or at the request of a family that believes it may be eligible. If the family currently has an open case with

DTA, or had a case which has been closed for less than twelve months, the worker will complete the JOBLink referral form and forward it by facsimile machine to the JOBLink Project Coordinator at the RAA covering the community in which the referred family resides. If the family's case has been closed for more than twelve, but fewer than twenty-four months, the case worker will furnish the family with information to contact DTA's Centralized Eligibility Operations Unit, which will then check the case record and fax a JOBLink referral to DHCD's Workforce Development Coordinator/JOBLink Project Administrator, who will then forward the referral to the appropriate RAA. Referrals will be entered on the JOBLink Waiting List based on date and time received. Because neither DHCD nor the RAAs can be responsible for misdirected, incomplete, or erroneous referrals, the DTA case worker and/or referred family is advised to call the appropriate RAA to follow-up and confirm that the referral was received and complete. It should also be noted that while a family may appear to meet JOBLink eligibility criteria at the time of referral, future eligibility would depend upon the family's circumstances at the time of selection and intake processing.

### **Selection**

When the RAA, in consultation with DHCD, determines that there are or will be JOBLink vouchers available, applicants will be selected from the JOBLink waiting list in order. In accordance with national Welfare to Work Housing Voucher regulations, the applicant family must, at the time of selection, be currently receiving, or have received within the twenty-four months prior to selection, TANF benefits (in Massachusetts, TAFDC and/or Emergency Assistance are TANF-funded benefits).

### **Verification of Eligibility**

In accordance with 982.201(e) information verifying applicant eligibility must be obtained by the RAA no more than 60 days before the applicant is issued a subsidy.

When all eligibility verification is complete, a subsidy is issued and all conventional Section 8 Housing Choice Voucher procedures and standards apply. For families issued JOBLink Vouchers, the briefing will also include a thorough review of the JOBLink Employment Obligation (including review and signing of the JOBLink Addendum to the Family Obligations and Voucher which highlights the family's employment obligation) and an introduction the Family Self-Sufficiency Program, which all JOBLink participants are strongly encouraged to join. Advocates and service providers are welcome to attend all Section 8 related functions with their clients and are encouraged to help them locate suitable and safe housing.

## **18-V.E. SUPPORT SERVICES**

JOBLink Welfare to Work Housing Voucher Program participants are able to access a variety of resources to support employment and housing stability. These resources may be offered through the RAA, the Department of Transitional Assistance (DTA), or other agencies. A key feature of the JOBLink Program is the availability of dedicated staffing (the JOBLink Project Coordinator/s) at the RAA to monitor employment maintenance and provide services and referrals in the event of job loss or other difficulties as needed. The Housing Assistance Program (through DTA) and Housing Consumer Education Centers (through the RAAs) provide

assistance with housing-related issues. JOBLink participants are eligible to, and strongly encouraged to, enroll in the RAA's Family Self-Sufficiency Program to maximize the resources available to assist them in career development and increased economic self-sufficiency. DTA-funded services to support families in transition from welfare to work include job-readiness programs, childcare and transportation services to eligible families. The statewide network of One Stop Career Centers offers basic (free) and enhanced (fee-based) services to all job seekers in the Commonwealth. The JOBLink Steering Committee comprises representatives of key service providers, and plays an important role in ensuring that needed resources are available to support the success of the JOBLink program and its participant families. While the JOBLink Program intends to assist participating families, it is, ultimately, the responsibility of the family to locate and access the services it needs in order to meet its obligations under the JOBLink Program and to achieve its short and long term goals for success.

### **18-V.F. APPEALS**

The RAA is responsible for defending its eligibility decisions, pertaining to the family's eligibility for JOBLink Welfare to Work Housing Voucher Program. Section 8 informal hearing procedures, as set forth in Chapter 16 shall be utilized.

### **18-V.G. INITIAL YEAR IN-STATE RESTRICTION**

JOBLink participants will be restricted to leasing within the Commonwealth of Massachusetts for their initial year in the program (see 24 CFR 982.353). On a case-by-case basis, and in consultation with DHCD, there may be situations in which an RAA may allow a move out-of-state before the completion of the year in order to support a family's career opportunities, such as an employer-initiated or required transfer out of state, a severe situation of domestic violence which deprives the participant/family of personal safety and interferes with her/his ability to obtain and maintain employment in the local area, or relocation to a new community which operates and will accept the family into another HUD-sponsored Welfare to Work Housing Voucher Program. In all cases, the provision of full documentation to the satisfaction of the RAA and/or DHCD is the burden of the participant, and must be accompanied by a mutual termination agreement from the property owner. The RAA retains the right to approve or disapprove any or all portability moves within the initial year. After the initial year, JOBLink participants are free to lease outside of the Commonwealth. When such an out-of-state lease occurs, the participant will no longer be considered part of the JOBLink program and the subsidy may be available to re-issue.

### **18-V.H. ONGOING PROGRAM REQUIREMENTS**

#### **Employment Maintenance**

In order to continue in the JOBLink Housing Voucher Program, the family must make a good faith effort to secure and maintain permanent employment (of at least 75 hours per month).

This requirement is authorized by HUD and failure to comply may result in program termination. All families issued housing vouchers under the JOBLink Welfare to Work Housing Voucher Program will sign an Addendum to the Statement of Family Obligations acknowledging this obligation.

The JOBLink Welfare to Work Housing Voucher Program is predicated on the goal of supporting families making the transition from assistance to self-sufficiency through the interdependent goals of employment and housing stability. Situations which could or do result in job loss should be immediately communicated to the JOBLink Project Coordinator, who will meet with the family to review the situation and offer resources and support for resolving the issue/crisis and/or regaining employment. The primary participant is expected to work with the JOBLink Project Coordinator or other designated case manager, remain in contact with her/him, and follow through on activities that will lead to obtaining and maintaining employment within the applicable time limits. The JOBLink participant has the burden of proof to demonstrate that he is making a good faith effort to find and secure employment in order to qualify for an extension of the search period and prevent voucher termination.

To show a **Good Faith Effort** a participant must:

1. Provide requested documentation related to the time and circumstances of separation from employment and/or a qualifying job-readiness program as identified herein:

*Loss of employment (Lay-off, Resignation, Termination)*

- a. Verification of last date of employment, AND
- b. Verification of circumstances of separation:
  - i. No Fault -- letter from employer and/or other documentation acceptable to RAA
  - ii. Resignation – copy of resignation letter or signed statement from participant to be maintained in file
  - iii. Fault/Termination – no additional documentation required for JOBLink file, but may be provided by participant if desired
  - iv. Contested Unemployment Compensation Claim – participant must promptly provide copies of unemployment claim forms, and subsequent DET determination letters. If the participant has filed an unemployment claim that is then contested by the employer, the RAA will presume a no-fault separation (with a four month re-employment period), until the DET has made its determination. If the separation is determined to be no-fault (on the part of the employee), the original re-employment period will stand. If the separation is determined to be the fault of the employee, the appropriate two-month re-employment time period will begin as of the date of DET’s determination letter, but it cannot exceed the original re-employment deadline of four months from the last day of employment.
  - v. If the circumstances of job loss (fault/no-fault) are not clear, the RAA may require additional documentation in order to determine an appropriate re-employment time limit, taking into account both the standard JOBLink re-employment time limits and the extenuating circumstances that may exist.

### *Completion, Withdrawal, or Termination from Job-Readiness Program*

- a. Verification of last date of program participation, AND
- b. Verification of circumstances of separation from program:
  - i. No Fault (Program closes down, etc.) -- letter from program and/or other documentation acceptable to RAA
  - ii. Voluntary Withdrawal -- copy of withdrawal letter or signed statement from participant to be maintained in file
  - iii. Graduation/Completion – copy of graduation/completion certificate or letter from program staff
  - iv. Fault/Termination from program -- no additional documentation required for JOBLink file, but may be provided by participant if desired
  - v. If the circumstances of separation from the job-readiness program (fault/no-fault) are not clear, the RAA may require additional documentation in order to determine an appropriate re-employment time limit, taking into account both the standard JOBLink re-employment time limits and the extenuating circumstances which may exist, and
2. Provide evidence of diligent and consistent employment search activities. Specifically, the participant must complete the following:
  - a) Keep a record (on a form to be provided by the RAA) of all places of employment s/he has applied to and any verification showing denial of employment.
  - b) Demonstrate s/he is actively looking for work. Normally this will mean an average of at least 5 job applications/activities per week, although this may vary with the type of work sought and the availability of jobs.
  - c) Maintain contact with the JOBLink Coordinator/Specialist every two weeks during the time s/he is searching, and
3. Not decline any reasonable offers of employment without good cause, and
4. Seek and maintain appropriate housing, child care, and transportation arrangements in order to carry out a good faith employment search and to be able to promptly accept and begin employment, and
5. Be in good standing with the general JOBLink Voucher Program expectations, and
6. If the participant has entered a qualifying job-readiness or training program following a job separation, the participant must provide enrollment and participation verification from the program and must maintain a minimum attendance level of 75% (or higher if program requirements are higher). It should be noted that participants who enter such programs must still be re-employed within six or eight months (depending on circumstances of job loss) from their last date of employment.

## **Relationship Between Job-readiness/Job training Activities and the JOBLink Employment Obligation**

Initial eligibility for the JOBLink Housing Voucher Program is based on critical housing voucher need, current or former receipt of TANF (TAFDC and EA), and participation in either employment or a qualifying job-readiness program (DTA-approved program for the participant, expected to lead to employment within four months). Families admitted to the JOBLink program in this category are expected to successfully complete the approved program and obtain employment within four months of program completion and/or lease-up, whichever is later; enrollment in a second job-readiness/training program cannot be substituted for this work requirement (see below for policy regarding participants who are employed and then seek training program enrollment). For programs that do not have a fixed completion date, but rather, provide service and support until the participant obtains employment, the four months will begin at the conclusion of whatever “classroom component” is included. In situations where there is no such component, the participant is expected to obtain employment within four months from lease-up or to adhere to the JOBLink Good Faith Effort (citation) standard of activity for job search in order to qualify for an extension of the job search period in order to remain in good program standing.

If a JOBLink participant leaves or loses employment, he is expected to re-gain employment, or to promptly enroll in a qualified re-employment program. If the participant enrolls in such a program, it should be a “short-term” program, as he is still required to become re-employed within six months (for voluntary or fault separations) or eight months (for no fault separations) from the date on which his/her employment was terminated. In exceptional circumstances where the JOBLink participant has not been able to enroll in an appropriate re-employment program immediately, and therefore may have very little time left of his or her re-employment period following training program completion, the JOBLink Project Coordinator may offer a limited extension, provided that the participant is making and can demonstrate a good faith effort. If the participant does not complete the re-employment program, the educational “deferment” period (up to four months) is withdrawn, and the standard JOBLink re-employment time limit will apply.

In order to support ongoing career development, all JOBLink participants are encouraged to pursue educational opportunities. The JOBLink program staff will gladly assist all participants to identify, enroll in, and complete appropriate programs. If the participant is meeting his or her JOBLink employment obligation through full-time, part-time, or work-study employment, there are no restrictions on these additional activities. If a highly motivated employed JOBLink participant in good standing desires to enroll in a full-time or intensive educational program, but cannot do so and still meet the 75-hour minimum employment obligation, the JOBLink Project Coordinator may reduce the number of required employment hours to accommodate the educational plan. These determinations will be made on a case-by-case basis, depending upon the training/college program, the employer’s cooperation, and other factors that the JOBLink Project Coordinator may deem important to ensuring that the arrangement is feasible and meets the multiple expectations of the JOBLink and educational programs.



### **Maintaining Communication with and Furnishing Information to RAA Related to Employment**

In accordance with the Section 8 HCVP Statement of Family Obligations, all JOBLink participant families “must supply any information that the RAA or HUD determines to be necessary...” this includes the submission of regular or periodic reports (usually on an RAA-provided questionnaire/form) to the JOBLink Project Coordinator or other RAA staff in a timely fashion, reporting all changes in income to appropriate RAA staff, and providing information as may be required to document employment status or good faith effort in job search.

### **Agreement to Participate in Evaluation Activities**

Participants will also be required to participate in periodic surveys and/or interviews that will be conducted as part of an on-going evaluation of the efficacy of the JOBLink program.

### **Annual Reexamination Requirements**

Each year at the annual reexamination of tenant income the participant will be required to sign the JOBLink Addendum to the Statement of Family Obligations acknowledging the JOBLink Program Employment Obligation.

## **18-V.I. TERMINATION OF ASSISTANCE**

When a JOBLink primary participant is not making a good faith effort to secure and maintain permanent employment, the family’s assistance under the JOBLink Housing Voucher Program may be terminated as follows:

### **Working Participants/No Fault Job Loss**

If a participant loses a job through no fault of the participant, the voucher may be terminated after four months from the date of job loss, unless the participant has either secured another job or enrolled in a qualified re-employment program. In any event, a participant who enters a re-employment program must become re-employed within eight months from the date on which his or her employment was terminated. An extension may be granted if the participant is making a good faith effort to secure re-employment.

### **Working Participants/Fault or Voluntary Quit**

If the participant should voluntarily quit his or her job, or lose the job for fault, the subsidy will terminate after two months from the date employment terminated unless the participant has secured another job or enrolled in a qualified re-employment program. In any event, a participant who enters a re-employment program must become re-employed within six months from the date on which his or her employment terminated. An extension to secure re-employment may be granted under limited circumstances.

### **Job-Ready Participants/No Fault**

If a participant issued a JOBLink voucher under this category fails to find a job within four months after completing his/her pre-employment activity(s), the participant may be terminated from the JOBLink program, unless the participant is making a good faith effort to actively seek

employment. For job-readiness/re-employment programs which involve an initial, usually intensive, classroom component followed by regular contact during the participant's job-search process (and thus have a flexible end-date), the four-month period begins with the completion of the classroom component, providing that the job-search activities during the following period meet the good faith effort criteria.

### **Job-Ready Participants/Fault**

If the participant intentionally fails to attempt to secure a job and take advantage of the assistance being offered by the various pre-employment programs, a two-month warning will be issued and the participant will be terminated from the program after two months from the date of completion or termination from the pre-employment activity. A possible extension of an additional two months may be granted if the participant is willing to make and demonstrate a good faith effort to gain employment (see earlier discussion of good faith effort). For job-readiness/re-employment programs which involve an initial, usually intensive, classroom component followed by regular contact during the participant's job-search process (and thus have a flexible end-date), the two-month period begins as of the last date of classroom attendance, or failure to maintain the level of contact and/or job-search activity expected by the job-readiness program. Assistance will not be terminated if the participant secures a job prior to the termination deadline.

## **18-V.J. TEMPORARY REDUCTION OR SUSPENSION OF JOBLINK EMPLOYMENT OBLIGATION FOR GOOD CAUSE**

The JOBLink Housing Voucher Program recognizes that there are circumstances and obstacles that may prevent a JOBLink family (who is otherwise in good standing in the program) from meeting the JOBLink employment obligation for a brief or extended period of time. (Note: The JOBLink employment definition includes periods of paid or unpaid leave granted by an employer who expects the employee's return. This section is primarily intended to address situations of unemployed participants or those who lose/leave employment due to these types of obstacles/crises.) In these situations, the JOBLink participant should request a meeting with the JOBLink Project Coordinator to explore the most appropriate course of action. The first option to be considered will be to explore flexibility regarding the amount or type of employment in order to meet the dual goals of maintaining employment and responding to the current situation. Other more serious or long-term situations may be best addressed by a temporary suspension of the employment obligation. Many of these situations are addressed below, but this is not to be considered a comprehensive listing. Such suspensions are not considered "automatic": in these and other situations which may not be specifically addressed here, the JOBLink Project Coordinator will work with the family on a case-by-case basis to establish an appropriate plan of action, including timeline, to work toward meeting the JOBLink employment obligation. Further, the "burden of proof" rests with the participant to provide and fully disclose all relevant information to the satisfaction of the RAA. If a temporary suspension of the work obligation is approved, the family is still expected to adhere to all regular JOBLink program expectations, including maintaining contact, notifying the program of any situation or income changes, and/or providing periodic reports. At the conclusion of the suspension of the JOBLink employment

obligation, the participant must return to employment within the applicable time limit for that participant.

In the following situations, a JOBLink family in good standing may be granted a temporary suspension of the JOBLink employment obligation:

Affected Family Member	Obstacle	Documentation	Employment Obligation Suspension	Comments
Primary participant/Head-of household	Temporary Disability (General)	Signed letter from physician identifying disability, effect on employability, and expected duration, OR Social Security Administration and/or DTA documents providing same information	Expected duration of disability if equal to or less than 12 months; extensions allowed in 6 month increments with new documentation if disability expected to last more than 12 months	
Primary participant/Head-of household	Temporary Disability (Pregnancy-related*)	Signed letter from physician, including expected duration of restriction from work activities	Length of expected duration, but ending with the birth of the child. Should a miscarriage occur, a reasonable period of recovery time will be approved	Upon birth of child, participant is eligible for 12 week "new child" suspension
Primary participant/Head-of household	Permanent Disability	Signed letter from physician and/or SSA or DTA documentation identifying disability, time of onset, and resulting permanent inability to maintain employment.	Participant will be issued a conventional HVCP voucher, with no further employment obligation	Only applies when employed participant is unable to continue employment due to permanent disability.
Other household member	Temporary Disability	Physician's letter stating that <u>primary participant</u> is unable to engage in any work activity in order to care for disabled person, and expected duration of disability, OR SSA and/or DTA documentation providing same information	Expected duration of disability if 0 – 6 months; extensions allowed in 3 month increments with new documentation	
Other household member	Permanent Disability	Physician's letter stating that primary participant is unable to engage in any work activity in order to care for disabled person, and expected duration of disability, OR SSA and/or DTA documentation providing same information	Primary participant will be allowed an initial 6 month period to care for the family member, followed by an additional 3 month period during which s/he will implement plan for return to employment.	

\* See additional policy information regarding pregnancy/new children below.

Additional good cause situations that may qualify for a temporary reduction or suspension of the JOBLink employment obligation are as follows:

**New Child:** A JOBLink participant, female or male, who gives birth to or adopts a child will be granted a twelve (12) consecutive week period during which his/her employment obligation is suspended, beginning with the date of birth or adoption. For employed JOBLink participants, this is intended to be concurrent with employer-approved parental leave. If the participant was not employed before the birth/adoption, or does not return to the employer following this period, all other time requirements regarding re-employment following job loss or training program completion/termination remain in effect before and after this “new child suspension” period. There may be situations in which a JOBLink participant is nearing the term of her pregnancy and nearing her re-employment deadline. In these cases the JOBLink Project Coordinator will meet with the participant to address this situation and come to a mutual, written agreement about what employment-related activities can be completed by the participant before birth, making child care arrangements during the 12 week maternity period, and the post-birth re-employment deadline.

**Pregnancy:** In a case in which a pregnant female participant develops a pregnancy-related disability or is required by her physician to severely restrict work and daily activities, the JOBLink policy regarding temporary disability will apply for that period of documented disability.

## **18-V.K. GRANT COMPLIANCE**

As the official applicant and recipient of HUD funding for JOBLink, DHCD maintains ultimate accountability to HUD for the successful administration of JOBLink including grant implementation and enforcement, as well as the final resolution of procedural and policy-related matters not specifically defined in statute or regulation. DHCD reserves the right to periodically conduct reviews and audits of participant client files as related to eligibility and housing contracts.

Each participating JOBLink agency agrees to respond to requests for data and/or information in a timely manner.

## **18-V.L. REDUCTION OR TERMINATION OF SUBSIDIES**

DHCD reserves the right to reduce or terminate the number of Section 8 JOBLink vouchers made available through the JOBLink program under the following circumstances: 1) the program outcomes are not satisfactory; there is not a sufficient demonstrated need for the subsidies; 2) the program is not being administered efficiently nor effectively; or 3) other problematic program issues arise.

## **18-V.M. ATTACHMENTS**

## Addendum to the Statement of Family Obligations/Voucher

**Addendum to the Voucher**  
for the  
Section 8 Tenant-Based Assistance Rental Voucher Program/  
Housing Choice Voucher Program for  
**Participants in the JOBLink (Welfare to Work) Housing Voucher Program**

This addendum is to be attached to the Voucher for all families eligible for, and issued, a JOBLink (Welfare to Work) Housing Program Voucher, as administered by the Massachusetts Department of Housing and Community Development, through its Contractors.

Section 4 of the Voucher is hereby amended to include the following **additional Family Obligation**, as authorized by the federal Department of Housing and Urban Development for the implementation of DHCD's JOBLink Housing Voucher program:

In order to continue in the JOBLink Housing Voucher Program, the family must make a good faith effort to secure and maintain permanent employment (of at least 75 hours per month).

A participant issued a voucher under the JOBLink Program may be terminated under the following circumstances:

**Working Participants/No Fault Job Loss:** If a participant loses a job through no fault of the participant, the voucher may be terminated after four months from the date of job loss, unless the participant has either secured another job or enrolled in a qualified re-employment program. In any event, a participant who enters a re-employment program must become re-employed within eight months from the date on which his or her employment was terminated. An extension may be granted if the participant is making a good faith effort to secure re-employment.

Participants who lose employment because of a temporary disability will continue to receive JOBLink assistance. Participants who lose employment due to a permanent disability will be switched to a conventional DHCD Section 8 Housing Choice Voucher.

**Working Participants/Fault or Voluntary Quit:** If the participant should voluntarily quit his or her job, or lose the job for fault, the subsidy will terminate after two months from the date employment terminated unless the participant has secured another job or enrolled in a qualified re-employment program. In any event, a participant who enters a re-employment program must become re-employed within six months from the date on which his or her employment terminated. An extension to secure re-employment may be granted under limited circumstances.

**Job-Ready Participants/No Fault:** If a participant issued a JOBLink voucher under this category fails to find a job within four months after completing his/her pre-employment activity(s), the participant may be terminated from the program, unless the participant is making a good faith effort to actively seek employment.

**Job-Ready Participants/Fault:** If the participant intentionally fails to attempt to secure a job and take advantage of the assistance being offered by the various pre-employment programs, a two-month warning will be issued and the participant will be terminated from the program after two months from the date of completion or termination from the pre-employment activity. A possible extension of an additional two months may be granted. Assistance will not be terminated if the participant secures a job prior to the warning or termination deadline.

In order that {AGENCY NAME} and the JOBLink Project Coordinator can assist the family in securing new employment or training, the participating family will be expected to promptly notify the RAA of a loss of employment and provide related information as requested. The family is further reminded of its existing obligation to notify the RAA in writing of any increase or decrease in income within 30 days of the change. (DHCD Administrative Plan, section 8.2.1.2)

By my signature, I certify that I have read and understand this addendum.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

## **PART VI: MAINSTREAM HOUSING PROGRAM**

### **18-VI.A. OVERVIEW**

The Mainstream Housing Program (hereafter referred to as “Mainstream Housing” or MS) provides Section 8 housing assistance to very low-income non-elderly and elderly persons with disabilities. This program utilizes 275 tenant-based Section 8 vouchers and is administered throughout the Commonwealth by DHCD’s Section 8 regional administering agencies (RAAs). Mainstream Housing is an integral part of the Commonwealth’s housing continuum that provides permanent housing for persons with disabilities.

### **18-VI.B. ELIGIBILITY**

#### **Disability Status**

At least one person in a household must be disabled. To qualify, the disabled household member must be either the head of household or spouse. A household where a child is the only family member with a disability would not be eligible for this program.

RAAs will verify an applicant’s disability status for purposes of determining program eligibility. See Chapter 7. It will consult with the appropriate human service commission in any instance where documentation regarding the disability is unclear.

Receipt of SSI or Social Security Disability payments is a sufficient demonstration that an applicant is disabled and eligible for Mainstream Housing. In the absence of such income, a qualified individual must confirm whether or not applicants meet HUD’s definition.

#### **Income Guidelines**

All Mainstream Housing applicants must meet the HUD’s income guidelines for the Section 8 Housing Choice Voucher program.

#### **Preference**

All eligible applicants must meet a DHCD preference. See Chapter 4.

### **18-VI.C. OUTREACH**

RAAs will perform targeted outreach to the following Human Service Commissions under the Executive Office of Health and Human Services: the Department of Mental Health (DMH), the Department of Mental Retardation (DMR), the Department of Public Health (DPH) Aids and Substance Abuse Bureaus, the Massachusetts Rehabilitation Commission, and to other local agencies identified by each RAA that serves this population.

When an RAA has Mainstream vouchers available to issue, it will send notice to representatives of the various Massachusetts Human Service Commissions informing them of the existence of the Mainstream Housing program; alerting them to the fact that their consumers may be eligible for this housing; and providing instructions on how to refer applicants to the program.



Referrals will also be accepted from any agency that provides services to individuals with disabilities.

## **18-VI.D. WAITING LIST MANAGEMENT AND SELECTION**

Each RAA will maintain a Mainstream Housing waiting list. Due to the limited number of subsidies available, the number of applicants placed on the waiting list will be limited to 25 in each RAA region. Once the maximum number for a given RAA region has been reached, the waiting list manager will not accept the referral and will not place the applicant on the waiting list. If an RAA receives a referral for an applicant that lives out of its region, the referral should be returned to the referring agency with instructions on where it should be sent.

All applicants will be placed on the Mainstream Housing waiting list by the date and time the referral is received. Incomplete referrals will be returned to the referring agency by the RAA. An applicant will not be placed on the Mainstream Housing waiting list until the referral is complete.

There may be instances where because of delays in the application process, a RAA may issue to a subsequent applicant the (first) available subsidy. In such cases, a RAA will document clearly in the applicant file why such a decision was made. The applicant who is skipped will be issued the next available Mainstream Housing subsidy provided they meet all eligibility criteria and submit the required documentation.

If a mainstream applicant moves out of the initial RAAs region, the applicant must be absorbed by the receiving RAA with a Mainstream Housing voucher when one becomes available. If a Mainstream Housing voucher is not available, the receiving agency must bill the issuing agency until such time as a Mainstream Housing voucher is available. This procedure will prevent over-issuance of Mainstream Housing vouchers.

## **18-VI.E. SERVICES**

### Housing Search

Each RAA must provide applicants with housing search assistance that includes, at a minimum: a list of available units in the area and a list of landlords who are familiar with the Section 8 program that may have units available. Where available, applicants will have access to RAA's Resource Rooms which contains listings of available units, a computer to access listings on the Internet, local newspapers, and telephone participants can use during housing search. In addition, the RAA will refer applicants to its regional Housing Consumer Education Center (HCEC) to assist in housing search.

## **18-VI.F. APPEALS**

The RAA is responsible for defending its decisions pertaining to the person's eligibility for Mainstream Housing Section 8 rental assistance. See Chapter 16.

## **18-VI.G. GRANT COMPLIANCE**

As the official applicant and recipient of HUD funding for Mainstream Housing, DHCD is accountable to HUD for the successful administration of Mainstream Housing including: grant implementation and enforcement, and the final resolution of procedural and policy-related matters not specifically defined in statute or regulation.

- DHCD will periodically conduct reviews and audits of participant files as related to eligibility and housing contracts.
- Each RAA must ensure that all Mainstream Housing vouchers are issued to other eligible disabled applicants upon turnover.
- RAAs will participate in all required evaluations, and will be prepared to maintain additional data on these clients, as required by HUD and/or DHCD.
- DHCD is responsible for coordinating all contracts and contacts with HUD regarding the Mainstream Housing Program.

## **18-VI.H. ATTACHMENTS**

- Comparison of the Mainstream and Designated Housing Programs
- Referral form for Mainstream Housing

## Comparison of the Mainstream and Designated Housing Programs

	<b>Mainstream</b>	<b>Designated Housing</b>
Disabled -head of household or spouse only	Yes	Yes
Age Requirement	Non-elderly or elderly (>62) ok	Non-elderly only
Regional Residency Preference	Yes	No if from MHFA list Yes if from DHCD list
DHCD Preference	Yes	No if from MHFA list Yes if from DHCD list
Number of Household Members	No limit	Family must qualify for 0 or 1 BR unit, effectively limits household size to two members and does not include children.
Remove name from conventional Section 8 list when leased	Yes	Yes
Live-in aids	OK	OK
Tenant Selection	Referral	Referral

## Referral Form for DHCD's Section 8 Mainstream Program

For agency use only:

Date/Time: \_\_\_\_\_

Control

Number: \_\_\_\_\_

Complete all information. Incomplete or duplicate referrals will not be accepted.

### **IMPORTANT!**

1/3 of all applications are dropped from the waiting list due to unreported address changes. Do not let this happen to you. Report any change of address in writing to one of the regional agencies on the reverse of this form.

### **General Information:**

Social Security Number			
First Name	Middle Name	Last Name	
Address	City	State	Zip code
Shelter Name		Phone (include area code)	

### **Eligibility:**

Does any family member have a disability? ☐ Yes ☐ No

Is the disabled family member the head of household or spouse? ☐ Yes ☐ No

IF THE DISABLED FAMILY MEMBER IS NOT THE HEAD OF HOUSEHOLD OR SPOUSE

**STOP HERE.**

FAMILY IS NOT ELIGIBLE FOR THE MAINSTREAM PROGRAM.

### **Household and Demographic Information:**

Total number of household members (include self) ☐

Gross annual household income \$ \_\_\_\_\_

#### **Check if the head of household or spouse is:**

62 years old or older ☐

Disabled ☐

Displaced ☐

*Racial & ethnic data is collected for statistical purposes only. Your answers or failure to answer will not affect your application.*

#### **Is the head of household (Select as many as appropriate)**

White ☐

Black/African American ☐

American Indian/Alaskan Native  
☐

Native Hawaiian/Other Pacific Islander  
☐

#### **Is the head of household (please check one)**

Hispanic ☐

Non-Hispanic ☐

#### **What is your current housing situation? Check one box that best applies**

☐ I am homeless or live in substandard housing

☐ I have been involuntarily displaced

- ☐ I pay more than 50% of my monthly income for rent and utilities  
☐ I live in a shelter      Name of shelter: \_\_\_\_\_  
☐ I am doubled up with friends or relatives  
☐ I live in public housing  
☐ I live in a transitional housing program  
☐ I live in subsidized housing  
☐ Other  
 (describe) \_\_\_\_\_

**Signatures:** (please print name next to signature)

Referring Agency: \_\_\_\_\_

Name of staff making referral: \_\_\_\_\_

Signature & Date: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Return this completed referral form to DHCD's regional administering agency that serves the community where the applicant lives. A list of these agencies may be found on the back of this form. E-Mail or FAXED applications will not be accepted. DHCD and its regional administering agencies are not responsible for applications lost through the mail. The only way to acceptably prove that you mailed an application is to keep a copy of the entry and get a Certificate of Mailing (60 cents + postage) from the United States Postal Service.



(2/31/01)

## **PART VII: TENANT-BASED VOUCHER PROGRAM FOR PERSONS WITH HIV/AIDS**

The Tenant-Based Rental Assistance Program (TBRA) assists individuals and families with HIV/AIDS by providing rental assistance and supportive services. JRI Health, as the lead service agency, provides intake, assessment, housing search and critical linkages to other service providing agencies throughout the Commonwealth. Supportive services may include: assistance finding a suitable apartment; case management; substance abuse/relapse prevention support; coordinating home health services; home-based mental health support; housekeeping assistance; and help arranging respite care, day care and transportation. All applicants must be referred by the JRI Health staff.

### **18-VII.A. OVERVIEW**

This program utilizes 229 tenant-based Section 8 vouchers and is administered throughout the Commonwealth by DHCD's Section 8 regional administering agencies (RAAs). TBRA AIDS is an integral part of the Commonwealth's housing continuum that provides permanent housing for persons with disabilities.

The Department of Public Health uses Housing Opportunities for Persons with AIDS (HOPWA) funds to support a lead service agency, JRI Health, which provides intake, assessment, and linkages to other service providing agencies throughout the Commonwealth. Persons accepted into the program also receive supportive services from local AIDS service organizations, including housing search, case management, substance abuse and relapse prevention support, mental health support, housekeeping assistance, and assistance in arranging for respite care, day care, and transportation.

### **18-VII.B. ELIGIBILITY**

#### **Disability Status**

At least one person in a household must be disabled due to HIV or diagnosed with AIDS. JRI will determine through a physician's certification that a person meets the aforementioned eligibility criteria.

#### **Income**

All TBRA AIDS applicants must meet the HUD's income guidelines for the Section 8 Housing Choice Voucher program.

#### **Preference**

Applicants must meet a DHCD preference. See Chapter 4.

#### **Supportive Services**

All TBRA AIDS applicants must be able to utilize supports and/or services provided by local AIDS service organizations, which will screen applicants and conduct intake interviews.

## **18-VII.C. OUTREACH**

RAAs, JRI, and the local AIDS service organizations will all conduct outreach to local aids organizations and/or local substance abuse programs to identify eligible applicants for the TBRA AIDS program.

## **18-VII.D. WAITING LIST MANAGEMENT & SELECTION**

JRI will accept referrals from the local AIDS service organizations and others. JRI will place these referrals on a TBRA AIDS waiting list specific to each RAA and the corresponding geographic region.

When a TBRA AIDS voucher is available to issue, the RAA will contact JRI for a referral. The RAA will place the referral on the TBRA AIDS waiting list/admissions tracking system by the date and time the referral is received. Incomplete referrals will be returned to JRI.

There may be instances where because of delays in the application process, a RAA may issue to a subsequent applicant the (first) available subsidy. In such cases, a RAA will document clearly in the applicant file why such a decision was made. The applicant who is skipped will be issued the next available TBRA AIDS subsidy provided they meet all eligibility criteria and submit the required documentation.

## **18-VII.E. SERVICES**

### **Housing Search**

Either the local AIDS service organization or JRI, through the Community Housing Innovations Program (CHIP), will provide applicants with housing search assistance.

Each RAA must provide applicants with housing search assistance that includes, at a minimum: a list of available units in the area and a list of landlords who are familiar with the Section 8 program that may have units available. Where available, applicants will have access to RAA's Resource Rooms, which contain listings of available units, a computer to access listing on the Internet, local newspapers, and telephone participants can use during housing search. In addition, the RAA will refer applicants to its regional Housing Consumer Education Center (HCEC) to assist in housing search.

## **18-VII.F. APPEALS**

RAAs are responsible for defending its decisions pertaining to the person's eligibility for TBRA AIDS Section 8 vouchers. See Chapter 16.

JRI and the local AIDS service organizations are responsible for informing applicants of the grievance procedure employed by their respective agencies. These grievance procedures should detail a mechanism for defending service eligibility determinations including informal hearing procedures.

## **18-VII.G. PORTABILITY**

### **Initial Year In-State Restriction**

TBRA applicants will be restricted to leasing within the Commonwealth of Massachusetts for their initial year in the program (see 24 CFR 982.353). After the initial year, TBRA participants are free to lease outside of the Commonwealth. When such an out-of-state lease occurs, the participant will no longer be considered part of the TBRA program and the subsidy will be available to re-issue provided that the receiving agency absorbs the voucher.

### **Transfers**

If a TBRA AIDS applicant or participant moves out of the initial RAA's region, the applicant or participant must be absorbed by the receiving RAA with a TBRA AIDS voucher if one is available. If a TBRA AIDS voucher is not available, the receiving RAA will temporarily add one TBRA AIDS voucher to its allocation. The initial RAA will simultaneously lose one TBRA AIDS voucher from its allocation. In order for JRI to coordinate services, the initial and receiving RAAs must immediately report all transfers to JRI, as well as to DHCD on the quarterly report.

When a TBRA AIDS voucher becomes available at the receiving RAA, the receiving RAA must inform the initial RAA and JRI. Both the initial and receiving RAAs will return to their original allocations.

## **18-VII.H. GRANT COMPLIANCE**

As the official applicant and recipient of HUD funding for TBRA AIDS, DHCD is accountable to HUD for the successful administration of TBRA AIDS, including: grant implementation and enforcement, and the final resolution of procedural and policy-related matters not specifically defined in statute or regulation.

- DHCD will periodically conduct reviews and audits of participant files as related to eligibility and housing contracts.
- Each RAA must ensure that all TBRA AIDS vouchers are issued to other eligible applicants upon turnover.
- RAAs will participate in all required evaluations, and will be prepared to maintain additional data on these clients, as required by HUD and/or DHCD.



- DHCD is responsible for coordinating all contracts and contacts with HUD regarding the TBRA AIDS Program.

#### **18-VII.I. REDUCTION OR TERMINATION OF SUBSIDIES**

DHCD reserves the right to reduce or terminate the number of Section 8 TBRA AIDS vouchers made available through the TBRA AIDS program, under the following circumstances: 1) program outcomes are not satisfactory; 2) there is not a sufficient demonstrated need for the subsidies; 3) the program is not being administered efficiently nor effectively; or 4) other problematic program issues arise.

#### **18-VII.J. ATTACHMENTS**

Referral form for TBRA

**REFERRAL TO REGIONAL HOUSING AGENCY FOR  
TENANT BASED RENTAL ASSISTANCE (TBRA) PROGRAM**

<b>TO:</b>	RHA: RHA contact:
<b>FROM:</b>	John Darlington, MSW, Statewide Housing Services Coordinator JRI Health Assisted Living Program

Justice Resource Institute certifies that the following applicant meets the federal preferences for tenant selection for a subsidy, and the definition of "a person with disabilities" as indicated in HUD regulations. Based on the intake interview and reference checks, we have also determined that the applicant is physically and behaviorally stable enough to live independently in the community and abide by the terms of a lease. Further, s/he has agreed to maintain a relationship with a service provider to access supportive services as necessary.

Attached is a copy of this applicant's consent form, permitting any agent of JRI Health, the named service provider and the named Regional Housing Agency (RHA) to communicate regarding this application.

**Applicant Name:**

**Date of referral to RHA:**

**Applicant was selected from wait list for: Housing Choice Voucher (Section 8)**

JRI Health Program Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Service Provider Contact Information:**

Housing Coordinator/Agency:

Phone:

Person conducting intake: \_\_\_\_\_ Date of housing intake: \_\_\_\_\_

Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

Who is the case manager for this client who will assist them while they are part of the TBRA Program?

Case Manager: \_\_\_\_\_ Phone: \_\_\_\_\_

Agency: \_\_\_\_\_ Address: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Phone: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code \_\_\_\_\_

If applicant does not have a home address, please provide the address and/or phone number of a friend, family member or agency where they can be contacted:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Languages spoken (check all that apply):

<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Portuguese
<input type="checkbox"/> French	<input type="checkbox"/> Creole	<input type="checkbox"/> Other: _____

If applicant has address/phone, can they be contacted directly by mail and/or by phone by TBRA providers?

Mail (Y/N):	<input type="checkbox"/> JRI Health	<input type="checkbox"/> Regional Housing Agency	<input type="checkbox"/> Case Management Program
Phone (Y/N):	<input type="checkbox"/> JRI Health	<input type="checkbox"/> Regional Housing Agency	<input type="checkbox"/> Case Management Program

NAME (Last, first, and middle initial)	AGE	Date of Birth	GENDER	RELATIONSHIP TO APPLICANT
				Applicant

## Part Four: DETERMINING ELIGIBILITY BASED ON HOUSING STATUS CRITERIA

The applicant must qualify under at least one of the following three categories regarding their current housing situation: 1) substandard housing, 2) involuntary displacement, or 3) rent burdened. The regional housing agency will require documentation from a third party that verifies the applicant's eligibility based on the criteria outlined below. Typically, this means, for example, that the applicant would have to provide a signed letter from a shelter if that is their primary night-time residence. However, in some situations through this program, the case manager can be the source for verifying the applicant's situation by signing the statement on this form. This only applies for applicants who are eligible due to circumstances described under "substandard housing" [(1)a, b, c, or d only]. Otherwise, the regional housing agency will let the applicant know what additional verification will be required.

**Please check each of the following which describe the applicant's current living situation. Please note: Although many applicants will qualify under more than one category, verification will be needed for only one of the criteria below.**

**1. Lives in substandard housing .** The applicant is eligible if one of the following applies:

- ☐ a) S/he is homeless and living in shelters or on the streets.  
Name of shelter: \_\_\_\_\_
- ☐ b) S/he is living in a transitional program, such as a substance abuse treatment program.  
Name of program: \_\_\_\_\_
- ☐ c) S/he is living in an institution such as a hospital, which is providing temporary residence and is not designed for permanent housing. Name of institution: \_\_\_\_\_
- ☐ d) S/he is "doubled up" (temporarily sleeping in someone else's residence in overcrowded conditions), and due to their health needs there is no appropriate temporary shelter available, and placement in another setting would endanger the health or safety of the household or the other occupants of the shelter.
- ☐ e) S/he is living in unit that endangers the health, safety, or well-being of the household due to being dilapidated, or due to inadequate source of heat, or inadequate indoor plumbing (including toilet, and bathing facilities), or lack of electricity.

**Documentation:**

Signed letter from an appropriate third party , *or* the signature of the case manager in the space below [only for (a), (b), (c), or (d)].

**CASE MANAGERS VERIFICATION OF HOUSING STATUS:**

I have verified that the applicant, \_\_\_\_\_, meets the federal preference criteria as described above and indicated under section 1 (a), (b), (c), or (d).

\_\_\_\_\_  
Case manager's signature

\_\_\_\_\_  
Date

**2. Involuntarily being displaced from housing.** This includes people who have been or will be displaced from their housing due to one of the following reasons:

- |   |  |
|---|--|
| <input type="checkbox"/> a) natural disaster (such as a fire or hurricane)  | <input type="checkbox"/> e) domestic violence  |
| <input type="checkbox"/> b) government action (e.g., property is taken under public domain)                                       | <input type="checkbox"/> f) hate crimes (actual or threatened violence against person or property because of race religion, sex, national origin, or handicap) |
| <input type="checkbox"/> c) action of the housing owner (e.g., property is being sold)  |  |
| <input type="checkbox"/> d) inability to use critical elements of the unit (e.g., inaccessible for person with impaired mobility) |  |

**Documentation:**

Applicants qualifying under this category must provide proof in writing that they are being or have been displaced for one of the reasons indicated above.

**3. Rent burdened.** This includes households which are paying a disproportionate part of their income towards rent and utilities. The household must be paying 50% or more of their gross income for rent + utilities *for at least 90 days*.

Monthly rent: \$ \_\_\_\_\_ + Average monthly utility payment over 12 months (excluding telephone) = (a) \$ \_\_\_\_\_

Monthly net income (based on work-sheet on next page) = (b) \$ \_\_\_\_\_

☐ Applicant is paying 50% or more for rent and utilities {(a) divided by (b)}.

**Documentation:**

For anyone who is "rent burdened," the regional housing agency will need a copy of their current lease or a signed letter

from the landlord which shows the amount of their rent along with any utilities that are included in the rent.

## Part Five: DETERMINATION OF INCOME ELIGIBILITY OF HOUSEHOLD

Use the following chart to determine the total amount of income for the household. The combined income for all household members who would be living with the applicant should be within the “Very Low” category of the federal income guidelines; these limits vary based on the number of people who will be in the applicant’s household, and geographic area where they are living. Refer to the chart provided by JRI Health which lists federal income limits.

*Please note: The applicant will be required to provide specific documentation of their income to the regional housing agency before receiving final approval for a housing subsidy. Listed in the far right column are descriptions of the documentation which the case manager should help the applicant to produce for the regional housing agency, once the application has been approved by JRI Health. This documentation cannot be more than sixty days old.*

Income Source	Household member (name):	Household member (name):	Household member (name):	Documentation which must be provided to regional housing agency
SSI: and/or SSDI:	\$ _____ \$ _____	\$ _____ \$ _____	\$ _____ \$ _____	An original printout from the Social Security Office which states award amount.
AFDC or EAEDC	\$ _____ \$ _____	\$ _____ \$ _____	\$ _____ \$ _____	The original award letter, or a signed letter from the Dept. of Public Welfare.
Disability Insurance	\$ _____	\$ _____	\$ _____	A signed letter from the insurance company showing amount being paid.
Unemployment	\$ _____	\$ _____	\$ _____	Signed printout from the Division of Employment Security.
Child support or Alimony	\$ _____ \$ _____	\$ _____ \$ _____	\$ _____ \$ _____	The Court Order or notarized statement from payer.
Veteran’s Benefits	\$ _____	\$ _____	\$ _____	Award letter from VA, or a signed letter from VA agent.
Wages, salaries, tips	\$ _____	\$ _____	\$ _____	5 most recent pay stubs, or a letter from employer stating hours, wages, and start date.
Other:	\$ _____	\$ _____	\$ _____	
Total monthly income:	\$ _____	\$ _____	\$ _____	
Total annual income:	\$ _____	\$ _____	\$ _____	Combined annual household income: \$ _____

### Determining Income Eligibility:

“Very Low” Income Amount (from listing) for household size of ____ people, living in the statistical area of: _____	Combined Annual Household Income (from above)	Household is within income limit?
\$ _____	\$ _____	__Yes      __No

## **PART VIII: RAISING THE NEXT GENERATION**

### **18-VIII.A. OVERVIEW**

The Raising the Next Generation Program (hereinafter referred to as “RNG”) provides 50 Section 8 vouchers to very low income, near elderly or elderly persons responsible for raising children or dependents under the age of 18 in the Metropolitan Boston area. The RNG program is targeted to those families who can live independently within the community, but, due to their unique family composition, need special support services, designed for both elderly persons and young children, in order to achieve and maintain successful tenancies. The RNG program is a unique collaboration between the DHCD, the agency that administers the rental subsidies, and Boston Aging Concerns Young and Old United (BACYOU), the agency that coordinates and manages the support services. DHCD’s Regional Administering Agencies (RAAs) for the Boston and Greater Boston regions are directly responsible for administering the Section 8 vouchers.

### **18-VIII.B. ELIGIBILITY**

#### **Family Composition**

##### Head of Household

Applicant families must include a head of household that is near elderly or elderly as defined by HUD. According to 24 CFR 5.403, “near elderly” is defined as a person who is at least 50 years of age but below the age of 62 and “elderly” is defined as person who is at least 62 years of age.

A ranking preference will be given to those applicant families where the head of household is 62 years of age or older (i.e., elderly).

##### Dependents

Applicant families must include at least one dependent. For the purposes of the RNG program, a dependent is defined as a person, other than the family head of household or spouse, who is under the age of 18.

#### ***Custody of Dependent***

To be an RNG eligible family, the head of household must have physical custody of a dependent, which will reside with the head of household. The custody must be of an indefinitely extending term. Custody will be established by:

- Permanent legal custody; or
- Court-appointed custody; or
- Documented and verified residence with the head of household for at least one year, or since birth (for children under the age of one year).

Custody must be verified by:

1. *One* of the following forms of documentation:
  - Probate court records

- Juvenile court records
- Adoption decree
- Records from the Massachusetts Department of Social Services (DSS) regarding foster-adopt/adoption finalization
- Records from DSS regarding foster care/kinship placement

OR

2. *Two or more* forms of the following documentation:
  - Massachusetts Department of Transitional Assistance records
  - Social Security Administration records
  - Massachusetts Department of Public Health records regarding Mass Health or Medical Security plan
  - Tax records
  - School records
  - Letter from private adoption agency or attorney citing kinship-adoption finalization

Those applicant families that are comprised of three or more intact familial generations must be required to provide multiple pieces of documentation.

For the purposes of the RNG program, the dependent *may not be* the biological child of the head of household. Adoptive children *will not be* allowed except for those that are part of a Kinship adoption.<sup>3</sup> Foster children *will not be* allowed except for those that are kinship care placements within the Department of Social Services system.

### **Need for Services**

Applicant families must demonstrate a need for the services provided through the RNG program by BACYOU or other appropriate community agencies.

Applicants must be willing to sign a Raising the Next Generation Program Participation Contract (see Attachment 1)

### **Income**

All RNG applicants must meet HUD's income guidelines for the Section 8 Housing Choice Voucher program.

### **Preference**

All eligible applicants must meet a DHCD preference. See Chapter 4.

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<sup>3</sup> Kinship Adoption is defined as a permanent kinship arrangement under which a relative has become the primary caregiver to a child by legal adoption.



## **18-VIII.C. OUTREACH**

### **Initial Outreach**

Initial outreach for RNG was conducted in three phases. The first phase was targeted to elderly persons (i.e. persons age 62 and older) on Metropolitan Boston Housing Partnership's (MBHP), which is DHCD's subcontractor, existing Section 8 waiting list, who had reported more than one family member on their MBHP Section 8 pre-application. The second phase was targeted to all other persons on MBHP's existing Section 8 waiting list, who had reported more than one family member on their Section 8 pre-application. The third phase was targeted to specifically identified agencies located in the city of Boston and selected surrounding communities that serve RNG eligible families.

### **Ongoing Outreach**

BACYOU is responsible for conducting all on-going outreach for the RNG program, including but not limited to: creating outreach materials, recruitment of applicants, receiving RNG pre-applications, screening applicants, entering data, making RNG referrals to MBHP, and providing housing referral or housing search and placement services to program participants. BACYOU will work with all applicants to ensure access to the program and will continually monitor outreach efforts to ensure that there is adequate assistance to clients in the preparation of the required applications and necessary documentation. Applicants who submit incomplete pre-applications will be notified of this fact by BACYOU and given the opportunity to resubmit their pre-application.

## **18-VIII.D. WAITING LIST MANAGEMENT & SELECTION**

### **Waiting List Management**

The RNG waiting list will be maintained as a subset of MBHP's HCVP Section 8 waiting list/admissions tracking system and will be maintained by MBHP. The date and time of MBHP's receipt of the completed referral form from BACYOU will be used when determining the applicant's position on the RNG waiting list.

Due to the limited number of RNG subsidies available, the number of referrals from BACYOU placed on the RNG waiting list will be restricted to 25. Once the maximum number has been reached, MBHP will not accept any additional referrals and will not place additional applicants on the waiting list. All persons who submit a RNG pre-application who do not receive a space on the waiting list will be notified by MBHP in writing of this fact and their RNG pre-application discarded.

MBHP is responsible for periodically updating the RNG waiting list. This can be done by sending letters to applicants on the waiting list requesting that the applicant indicate that s/he is still interested in the RNG program. Applicants not responding to such updates will be dropped from the list.

## **Selection**

Elderly applicants on the RNG waiting list will be given a ranking preference.

Upon selection from the RNG waiting list MBHP will conduct a Section 8 eligibility screening including: completion of a Section 8 application; income verification; verification of federal preference; citizenship review; CORI check; and verification of age and family composition.

There may be instances where because of delays in the application process on either the part of the applicant or BACYOU, MBHP may issue to a subsequent referral for the (first) available subsidy. In such cases, MBHP will document clearly in the applicant file why such a decision was made. The applicant who is skipped will be issued the next available RNG subsidy provided they submit the required documentation.

## **18-VIII.E. SUPPORT SERVICES**

BACYOU has primary responsibility for: 1) the provision of ongoing services by directly providing the services or by establishing linkages with appropriate community agencies; and 2) helping participants access needed appropriate support services throughout the family's involvement in the RNG program.

### **Intake and Assessment**

BACYOU is responsible for conducting an intake and assessment during the prescreening process. This assessment may include a discussion of past tenancy-related problems and a review of available entitlements and support programs.

### **Housing Search**

Housing search services will be provided with the goals of securing appropriate housing and achieving successful tenancies. Housing search assistance will be directly provided by BACYOU or by an existing network of housing search programs, which operate in the Greater Boston area.

All selected participants will receive housing search assistance in the form of: information and referral; housing counseling; identification of appropriate housing options; initiating contact with property owners; and executing leases. Referrals will be made to provide rental and moving assistance when necessary.

MBHP must also provide applicants with housing search assistance that includes, at a minimum: a list of available units in the area and a list of landlords who are familiar with the Section 8 program that may have units available. Applicants will also have access to MBHP's Resource Room, which contains listings of available units, local newspapers, and a telephone for participants to use during housing search. In addition, the RAA will refer applicants to its regional Housing Consumer Education Center (HCEC) to assist in housing search.

### **Housing Stabilization**

BACYOU is responsible for directly providing or coordinating housing stabilization services needed by RNG participants, which include lease compliance and referral for supportive

services, income benefits and other community resources. BACYOU will refer participants for support services provided by identified providers in the community, including, but not limited to: legal, health care, educational, family and children, youth, and peer support in the form of grandparents support groups.

## **18-VIII.F. APPEALS**

MBHP is responsible for defending its decisions pertaining to the person's eligibility for RNG Section 8 rental assistance. See Chapter 16.

BACYOU is responsible for justifying its family eligibility determinations and a similar appeal procedure will be utilized. Applicants determined to be ineligible will be notified in writing and will be informed of their right to appeal that decision. If the applicant would like to appeal the decision, he will be instructed to contact BACYOU's Grandfamilies Housing Advocate within ten (10) business days of the date of the denial of eligibility letter. An informal review regarding eligibility will then be scheduled within seven (7) business days of the date of the applicant's request. BACYOU's Grandfamilies Housing Advocate and the applicant will attend the review. Applicants will be given the opportunity to provide written and oral information, which he believes may influence the original eligibility decision. The content of the informal review will be documented through written or tape-recorded records. The final eligibility decision will then be provided to the applicant within five (5) business days of the date of the review.

The letter of ineligibility from BACYOU will include a listing of fair housing enforcement agencies and their telephone numbers. Applicants will be provided with appropriate contact numbers to use if he believes that he has been discriminated against in the selection process.

## **18-VIII.G. PORTABILITY**

### **Initial Year In-State Restriction**

RNG applicants will be restricted to leasing within the Commonwealth of Massachusetts for their initial year in the program (see 24 CFR 982.353). After the initial year, RNG participants are free to lease outside of the Commonwealth. When such an out-of-state lease occurs, the participant will no longer be tracked as part of the RNG program and the RNG voucher will be available to re-issue provided that the receiving agency absorbs the voucher.

### **Transfers**

If an RNG applicant or participant moves out of MBHP's region, the receiving RAA must absorb the participant with an HCVP voucher if one is available. When such an out-of-region lease occurs, the applicant or participant will no longer be tracked as part of the RNG program and the RNG voucher will be available to re-issue provided that the receiving RAA absorbs the voucher.

MBHP and BACYOU must track the occurrences of out-of-state and out-of-region leasing.

## **18-VIII.H. MONITORING**

### **Terminations and Turnover**

BACYOU and MBHP are both responsible for concurrently tracking subsidy use and coordinating information so both agencies maintain accurate data. If a DHCD subsidy turns over, BACYOU is responsible for ensuring that this subsidy is re-issued through MBHP to the next person on the RNG program waiting list. MBHP is responsible for notifying BACYOU of a participant's termination date and BACYOU is responsible for providing a timely referral to MBHP for the available RNG voucher.

BACYOU and MBHP are both responsible for tracking the number and reasons for terminations of RNG Section 8 vouchers.

Terminations will be processed in accordance with HUD and DHCD requirements for the Section 8 HCVP as described in 24 CFR Section 982 Subpart (L) and this Administrative Plan. Refusal of RNG services is not grounds for termination of an RNG Section 8 subsidy.

### **Changes in Family Composition**

After a subsidy is issued, BACYOU will inform MBHP of any known changes in the family's situation or composition, such as the permanent removal of child(ren) from the household.

If there is a change in family composition that makes the family ineligible for the RNG program, MBHP will make an effort to absorb the current voucher into its conventional Section 8 voucher portfolio. If MBHP is successful at absorbing this subsidy, a RNG voucher will be made available to another RNG eligible family.

MBHP will monitor how many families became ineligible for the RNG program due to changes in family composition.

### **Liaison to HUD**

DHCD is responsible for coordinating all contacts with HUD regarding the RNG Program.

### **DHCD Program Oversight**

DHCD reserves the right to waive any RNG eligibility criteria and/or RNG program policies, if needed. DHCD also reserves the right to periodically conduct reviews and audits of participant client files as related to eligibility and housing.

DHCD, BACYOU, and MBHP will respond to requests for data and/or information in a timely manner.

### **Reduction or Termination of Subsidies**

DHCD reserves the right to reduce or terminate the number of Section 8 RNG vouchers made available through the RNG program under the following circumstances: 1) the program outcomes are not satisfactory; there is not a sufficient demonstrated need for the subsidies; 2) the

program is not being administered efficiently nor effectively; or 3) other problematic program issues arise.

#### **18-VIII.I. ATTACHMENTS**

RNG Program Participation Contract

RNG Pre-application

BACYOU Referral Form/Certification of Eligibility

**RAISING THE NEXT GENERATION (RNG) PROGRAM  
PROGRAM PARTICIPATION CONTRACT**

I, \_\_\_\_\_, agree to participate in the RNG program. I understand that participation includes complying with program rules, which include the following:

7. I agree to sign a Section 8 Voucher with DHCD's Regional Administering Agency and to comply with all terms of my lease with my landlord.
8. Upon moving into my apartment, none of my household members will engage in criminal activities.
9. I agree to work with my designated service provider to create a service plan, including signing any necessary releases.
10. I agree to have regular and consistent contact with my designated service provider in order to implement my service plan and make ongoing adjustments as needed.
11. I agree to participate in a regular review of my service plan with my designated service provider.
12. I agree to provide BACYOU and/or MBHP with any information deemed necessary for the evaluation of the RNG program.

I understand that the subsidy for my apartment is directly linked with the services provided through RNG program.

\_\_\_\_\_  
Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Service Provider

\_\_\_\_\_  
Date

## RAISING THE NEXT GENERATION PROGRAM – PRE-APPLICATION

Boston Aging Concerns Young and Old United, Inc. (BACYOU)

67 Newbury St., Boston, MA 02116

### PRE-APPLICATION MUST BE COMPLETED IN FULL

#### I. GENERAL INFORMATION

Social Security Number		
First Name:	Middle Name	Last Name
Address:		
City:	State:	Zip Code:
Shelter Name:		Phone (include area code)

#### II. RNG ELIGIBILITY

Date of Birth (mm/dd/yy) \_\_\_\_/\_\_\_\_/\_\_\_\_

FAMILY COMPOSITION: Is any household member:

50 to 61 years of age	<input type="checkbox"/> yes <input type="checkbox"/> no	Is this person the Head of Household?	<input type="checkbox"/> Yes <input type="checkbox"/> no
62 years old or older	<input type="checkbox"/> yes <input type="checkbox"/> no	Is this person the Head of Household?	<input type="checkbox"/> Yes <input type="checkbox"/> no
Disabled	<input type="checkbox"/> yes <input type="checkbox"/> no		
Displaced	<input type="checkbox"/> yes <input type="checkbox"/> no		

Does the Head of Household have physical custody of a dependent that is under the age of 18 and not a biological child of the Head of Household? ☐Yes ☐no

Is this child a foster child through the DSS Kinship Care program?	<input type="checkbox"/> Yes	<input type="checkbox"/> no
Is this child involved in a Kinship adoption?	<input type="checkbox"/> Yes	<input type="checkbox"/> no

**III. RACIAL & ETHNIC DESIGNATION.** Racial & ethnic data is collected for statistical purposes only. Your answers or failure to answer will not affect your application.

Is the Head of Household (Select as many as appropriate)

<input type="checkbox"/> White	<input type="checkbox"/> Black/African American	<input type="checkbox"/> American Indian/Alaskan Native
<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	

Is the Head of Household (please check one box)

☐Hispanic **OR** ☐Non-Hispanic

**IV. INCOME:** Total Income of the Household per year, (include all income sources): \$ \_\_\_\_\_

**V. FEDERAL PREFERENCE:** If applicable, please mark which **Federal Preference** you are applying under (see information sheet for a detailed explanation of Federal Preferences).

☐ Homeless/Substandard Housing

☐ Involuntarily Displaced

☐ Rent Burdened, paying more than 50% of monthly income toward rent and utility costs for 90 days or more.

**APPLICANTS MUST AGREE TO THE FOLLOWING:** I understand that this is a pre-application for service referrals and rental assistance through BACYOU and the Metropolitan Boston Housing Partnership (MBHP), respectively, and not an offer for housing. When my number reaches the top of the wait list, I will have to verify and document all the information that I am self certifying today and that if I do not meet a federal preference at the time of selection, my name will be dropped from the list. **I understand that it is my responsibility to notify BACYOU and MBHP of any change of address that may occur.** I understand that my participation in the RNG program is subject to my being eligible and in compliance with HUD and DHCD regulations. I further understand that my participation is subject to a criminal history records check using CORI, and that I must be in compliance with MBHP's drug and violent crime policy. **I certify under pains and penalties of perjury that all information given on this application is true as of the date of the application.**

APPLICANT SIGNATURE	DATE
---------------------	------



**BACYOU Referral Form/Certification of Eligibility  
For the Raising the Next Generation Program**

**I. GENERAL INFORMATION**

<b>Social Security Number</b>		
<b>First Name:</b>	<b>Middle Name</b>	<b>Last Name</b>
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Shelter Name:</b>		<b>Phone (include area code)</b>

**II. RNG ELIGIBILITY**

**A. Verification of Age**

- ☐ **Head of Household is over 62 years of age.** Attach copy of documentation.  
Type of Documentation Reviewed \_\_\_\_\_
- OR**
- ☐ **Head of Household is between 50 and 61 years of age.** Attach copy of documentation.  
Type of Documentation Reviewed \_\_\_\_\_

**AND**

- ☐ **Dependent is under the age of 18 and is not a biological child of the head of household.** Attach copy of documentation.  
Type of Documentation Reviewed \_\_\_\_\_

**B. Verification of Custody**

- ☐ **Head of Household has physical custody of the dependent that is of long and of indefinitely extending term.** Attach copy(s) of documentation(s).  
Type(s) of Documentation Reviewed \_\_\_\_\_

---

Is this child a foster child through the DSS Kinship Care program?	<input type="checkbox"/> Yes	<input type="checkbox"/> no
Is this child involved in a Kinship adoption?	<input type="checkbox"/> Yes	<input type="checkbox"/> no

**C. Need for Services**

**Applicant Expressed Interest in the Following Services** (check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Health Services/Education<br><input type="checkbox"/> Family or Adult Counseling<br><input type="checkbox"/> Child Counseling<br><input type="checkbox"/> Adult Substance Abuse Treatment<br><input type="checkbox"/> Entitlements (AFDC, Medicaid, SSI, WIC, etc.)<br><input type="checkbox"/> Adult Education/Employment Services | <input type="checkbox"/> Legal Aid<br><input type="checkbox"/> Parenting Education<br><input type="checkbox"/> Day Care<br><input type="checkbox"/> Battered Women's Services<br><input type="checkbox"/> Child Substance Abuse Treatment<br><input type="checkbox"/> Other (specify) _____ |
|--|---|

**IF A BOX IS NOT CHECKED IN EACH CATEGORY A, B AND C, STOP HERE  
APPLICANT IS NOT ELIGIBLE FOR THE RAISING THE NEXT GENERATION PROGRAM**

**D. DHCD PREFERENCE:**

- ☐ Homeless/Substandard Housing
- ☐ Involuntarily Displaced
- ☐ Rent Burdened, paying more than 50% of monthly income toward rent and utility costs for 90 days or more.
- ☐ Homeless in Shelter (if you check this box, enter shelter name in General Information section on page 1)

**III. MEMBERS OF HOUSEHOLD TO LIVE IN UNIT**

Total number of household members \_\_\_\_\_ Gross annual household income \$ \_\_\_\_\_

**Check if the head of household or spouse is:**

62 years or older ☐ Disabled ☐ Displaced by government action ☐

List each person who will be living in the home. Put the head of household on the first line.

Last Name	First Name	M.I.	Social Security Number	Date of Birth	Sex

**IV. RACIAL ETHNIC DESIGNATION**

*Racial & ethnic data is collected for statistical purposes only. Your answers or failure to answer will not affect your application.*

**Is the head of household (Select as many as appropriate)**

- ☐ White ☐ Black/African American ☐ American Indian/Alaskan Native
- ☐ Asian ☐ Native Hawaiian/Other Pacific Islander

**Is the head of household (please check one)**

- ☐ Hispanic ☐ Non-Hispanic

**VI. SIGNATURES** (please print name above signature)

BACYOU Staff (print) \_\_\_\_\_

Signature & Date: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**For Housing Agency Use Only**

Date referral received: \_\_\_\_\_ Time referral received: \_\_\_\_\_  
☐ Number of bedrooms for which the family qualifies based on DHCD occupancy standards

## **PART IX: VETERANS HOUSING VOUCHER PROGRAM**

### **18-IX.A. OVERVIEW**

This program is administered in cooperation with the Department of Veterans Affairs (VA), and assists homeless veterans with disabilities and/or severe psychiatric and/or substance abuse disorders. Services may include: housing search assistance; community-based management services and outpatient health services. Not all applicants may receive services. Application is by referral only from the VA Medical Centers (VAMC), the Massachusetts Department of Veterans' Services, and the Department of Veteran's Services provider agencies. The Veterans' Housing Voucher Program (hereinafter referred to as "VHVP") has a limited number of Section 8 vouchers available for very low-income, homeless veterans with disabilities or psychiatric or substance abuse disorders. The VHVP is an integral part of the Commonwealth's housing continuum that provides permanent housing for homeless persons. Effective October 2006 this program was expanded statewide.

### **18-IX.B. ELIGIBILITY**

Applicants must meet all of the following:

#### **Veteran**

An applicant must be an honorably discharged veteran.

#### **Homeless**

An applicant must have been either living in a shelter, in a transitional housing program, or on the street for at least 30 days.

#### **Disability or Psychiatric or Substance Abuse Disorder**

- An applicant must have a disability which can be verified in accordance with Chapter 7; or
- Applicants must be diagnosed with either a psychiatric or substance abuse disorder; and
- Applicants must be psychiatrically stable with no incidence of violence within the past year.

#### **Verification of Eligibility**

Veterans' service providers are responsible for ensuring that all referrals to the VHVP meet these eligibility criteria at the time of referral. Upon selection from the waiting list, the RAA will verify eligibility for all other Section 8 requirements. Due to the length of time an applicant may be on the waiting list, the RAA may need to reconfirm eligibility with the referring agency.

## **18-IX.C. OUTREACH & REFERRALS**

An RAA will conduct outreach to regional Veterans' Services Providers when vouchers are available and there are an insufficient number of applicants on the VHVP waiting list.

Admission to this program is by referral only from the Massachusetts Department of Veterans' Services, the VA Medical Centers, and Department of Veterans' Services provider agencies such as the Veterans Benefits Clearinghouse, Inc. and the New England Shelter for Homeless Veterans. These agencies must refer VHVP-eligible applicants to the appropriate regional DHCD RAA by submitting a "Referral Form/Certification of Eligibility" (attached at end of this section). A complete list of veterans' services providers is posted on the Veterans' Services website (go to Mass.gov and click on Resident > Veterans > Housing > Shelter & Transitional> List of Providers).

## **18-IX.D. WAITING LIST MANAGEMENT & SELECTION**

A regional VHVP waiting list is maintained by each RAA. Applicants are placed on the VHVP waiting list by the date and time the referral is received. If a referral is received by FAX, the date/time that the FAX was received may be used when entering the applicant onto the waiting list. Incomplete referrals will be returned to the referring agency by the RAA. An applicant will not be placed on the VHVP waiting list until the referral form is complete.

Due to the limited number of VHVP subsidies available, the number of referrals placed on a regional waiting list will be restricted to 25. If the regional maximum has been reached, the RAA waiting list manager will return the referral form to the provider agency and will not place the applicant on the waiting list. If an RAA receives a referral for an applicant that lives outside of its region, the referral should be returned to the referring agency with instructions on where it should be sent.

If a VHVP voucher is available and there are no applicants on the VHVP waiting list the RAA may issue the voucher to the next eligible applicant on the RAAs HCVP waiting list. The RAA must track these vouchers and make a VHVP voucher available when a VHVP eligible applicant is referred.

There may be instances where because of delays in the application process, a RAA may issue to a subsequent applicant the (first) available subsidy. In such cases, a RAA will document clearly in the applicant file why such a decision was made. The applicant who is skipped will be issued the next available VHVP subsidy provided they meet all eligibility criteria and submit the required documentation.

### **Housing Search**

The RAA will refer applicants to its regional Housing Consumer Education Center (HCEC) to assist in housing search. Where available, applicants will have access to the RAA's Resource Room which provides listings of available units, a computer to access listings on the Internet, local newspapers, and a telephone applicants can use during housing search.

## **18-IX.E. APPEALS**

Appeal procedures will be utilized as set forth in Chapter 16.

## **18-IX.F. PORTABILITY**

### **Initial Year In-State Restriction**

VHVP participants must reside in Massachusetts for their initial year in the program (see 24 CFR 982.353).

### **Transfers**

If a VHVP applicant or participant moves out of the initial RAA's region, the applicant or participant must be absorbed by the receiving RAA with a VHVP voucher if one is available. If a VHVP voucher is not available, the receiving RAA will temporarily add one VHVP voucher to its allocation. The initial RAA will simultaneously lose one VHVP voucher from its allocation.

When a VHVP voucher becomes available at the receiving RAA, the receiving RAA must absorb the participant and inform the initial RAA. Both the initial and receiving RAAs will return to their original allocations. This procedure will prevent over-issuance of VHVP vouchers and will maintain regional allocations. The initial and receiving RAAs must report all VHVP transfers on the quarterly report.

## **18-IX.G. REDUCTION OR TERMINATION OF SUBSIDIES**

DHCD reserves the right to reduce or terminate the number of VHVP vouchers made available through the program under the following circumstances: 1) program outcomes are not satisfactory; 2) there is not a sufficient demonstrated need for the subsidies; 3) the program is not being administered efficiently or effectively; or 4) other problematic program issues arise.

## **18-IX.H. ATTACHMENTS**

Referral Form/Preapplication

**Section 8  
Veterans' Housing Voucher Program**

**Referral Form/Certification of Eligibility**  
for use only by Veterans' Service Providers



Complete and return to  
one of the regional  
agencies listed on the  
reverse of this form

*For agency use only:  
Date/Time Stamp/  
Control Number*

**Head of Household Information**

Social Security Number		Phone (include area code)		
First Name	Middle Name	Last Name		
Address		City/Town	State	Zip code
Shelter Name	Shelter Address	City/Town	State	Zip code

**Eligibility**

Is the applicant an honorably discharged veteran? Yes ☐ No ☐

Has the applicant been living in a shelter, in a transitional housing program, or on the street for at least 30 days?  
Yes ☐ No ☐

Is the applicant disabled or been diagnosed with either a psychiatric or substance abuse disorder?  
Yes ☐ No ☐

Is the applicant psychiatrically stable with no incidence of violence within the past year?  
Yes ☐ No ☐

**IF THE ANSWER TO ANY OF THE ABOVE QUESTIONS IS NO, STOP HERE.  
APPLICANT IS NOT ELIGIBLE FOR THE VETERANS' HOUSING VOUCHER PROGRAM.**

**Household and Demographic Information**

How many people will live in the unit? \_\_\_\_\_

Gross annual household income \$ \_\_\_\_\_

Write in the approximate amount of the family's gross (before taxes) annual income. Include all sources for all family members.

**Check if the head of household or spouse is:**

62 years old or older ☐

Disabled ☐

Displaced by government action ☐

We collect data on race & ethnicity in accordance with federal regulations. People of various races may also be of Hispanic ethnicity. Please indicate if applicant is Hispanic.

**Is the head of household (Select as many as appropriate)**

White ☐

Black/African American ☐

American Indian/Alaskan Native ☐

Asian ☐

Native Hawaiian/Other Pacific Islander ☐

**Is the head of household (Check only one)**

Hispanic ☐

Non-Hispanic ☐

**What is your current housing situation? (Check one box that best applies)**

- |  |  |
|--|--|
| <input type="checkbox"/> I am homeless   | <input type="checkbox"/> I am doubled up with friends or relatives |
| <input type="checkbox"/> I live in substandard housing                                   | <input type="checkbox"/> I live in public housing                  |
| <input type="checkbox"/> I have been involuntarily displaced                             | <input type="checkbox"/> I live in a transitional housing program  |
| <input type="checkbox"/> I pay more than 50% of my monthly income for rent and utilities | <input type="checkbox"/> I live in subsidized housing              |
| <input type="checkbox"/> I live in a shelter   | <input type="checkbox"/> Other (describe)                          |

**Referring Agency Information**

Provider name \_\_\_\_\_

Provider address \_\_\_\_\_

Provider City/State/Zip \_\_\_\_\_

Name of staff making referral \_\_\_\_\_

Signature & Date \_\_\_\_\_

Telephone Number \_\_\_\_\_

**DHCD manages a limited number of project-based Section 8 apartments in or near most major cities and towns throughout the state. To find out more contact one of the agencies on the reverse of this form or visit the Housing Consumer Education Center website at [www.masshousinginfo.org](http://www.masshousinginfo.org)**



### **PART X: BOSTON CONSENT DECREE**

Now referred to as the Community Choice Initiative (CCI), this Consent Decree requires appropriate actions to be taken to outreach to the under-serviced program-eligible Black population in the City of Boston.

### **PART XI: HOLYOKE CONSENT DECREE**

This Consent Decree requires appropriate actions to be taken to outreach to the under-serviced program-eligible Hispanic population in the City of Holyoke.

## **PART XII: FAMILY SELF-SUFFICIENCY PROGRAM**

### **18-XII.A. OVERVIEW**

The Family Self Sufficiency Program (FSS) helps eligible families achieve economic independence and self-sufficiency over a five year period. The goal is to eliminate the participant's need for public assistance and enhance their ability to achieve homeownership, if desired. PHAs work with the public and private sectors to create a workforce enhancement program where participants receive training and counseling such as skill building, job training and educational opportunities, and referrals to other ancillary supports such as child care and transportation providers.

A five-year "Contract of Family Participation" is tailored for each participant. This contract outlines the participant's goals and describes the various work-related activities in which the participant agrees to participate. The participant is allowed to modify their goals as they gain both work experience and more perspective on their future.

As the participant's income and rent share increases, an escrow account is established by the PHA to set aside funds for the participant's use at the end of the program. Upon successful completion of the program, the participant can use these funds for any purpose, such as homeownership, starting a business, paying off loans, or going back to school. The participant is also able to access their escrow funds during the five year contract term as long as it is for work-related purposes, such as paying car insurance, buying a uniform or enrolling in a job-related course. Generally, midterm use of the escrow is limited, in order to ensure that funds are available for the participant when they have completed the program. The escrow funds are available to those participants who are employed and no longer have a need for public assistance. However, successful FSS graduates are still eligible to receive housing assistance.

The FSS Program is available only to current HCV program participants in good standing.

Each RAA administering the Section 8 Housing Choice Voucher program will establish and operate the Family Self-Sufficiency (FSS) Program in accordance with HUD regulations. The mission of the FSS program is to assist enrolled families by maintaining an FSS Program which provides case management and peer support, coordinates with local resources and services needed by FSS participants, and offers concrete incentives, such as the FSS escrow account, to encourage families to set and achieve their short and long term goals toward employment and economic self-sufficiency. The size of each RAA's FSS Program will be established by DHCD, with the overall state-wide program size to reach or exceed the HUD-approved program size of 679 participants; this program size represents DHCD's commitment to maintain program size and universal accessibility even though QWHRA legislation passed in 1998 provides the option for PHAs to reduce

their mandatory program size. Each RAA will establish a coordinating committee representing local stakeholders and resource-providers to support the success of the program and its participants.

#### **18-XII.B. OUTREACH/ELIGIBILITY/ASSESSMENT/ENROLLMENT**

All families participating in the Section 8 Housing Choice Voucher program operated by the regional administering agencies (RAAs) under subcontract to DHCD are eligible to enroll in the FSS program administered by the RAA for their region of residency. Participants in DHCD's JOBLink Welfare to Work Housing Voucher Program are strongly encouraged to enroll in FSS to increase the supports and benefits available to the family. Each RAA will establish procedures to ensure that eligible families are informed about the program, offered the opportunity to enroll on a voluntary basis, offered a thorough family and employment development assessment, and assisted in identifying employment and other self-sufficiency goals for the five-year participation period.

#### **18-XII.C. FSS CONTRACT OF PARTICIPATION AND INDIVIDUAL TRAINING AND SERVICE PLAN**

A family enrolls in the FSS Program, with all rights and responsibilities attached thereto, by entering into an FSS Contract of Participation with the RAA, by signing the Contract as set forth by the U.S. Department of Housing and Urban Development (HUD), and subject to all applicable regulations. As a required attachment to the FSS Contract of Participation, the family head of household also signs the FSS Individual Training and Service Plan (ITSP), using the HUD-approved format, which outlines the steps that the participant will take during the contract period to meet their goals and the program requirements of working toward, obtaining, and maintaining suitable employment and becoming independent of all forms of welfare assistance (as defined by HUD for the FSS program) at least twelve months prior to the end of their contract period. The FSS ITSP may be amended by mutual agreement between the participant and the FSS program, with such changes made in writing and signed, then becoming the required attachment to the FSS Contract of Participation. The FSS Program may assist other family members on an informal or formal basis, but they will not have an ITSP.

#### **18-XII.D. PROGRAM BENEFITS AND ROLES AND RESPONSIBILITIES**

Each RAA will establish an FSS Escrow Account; with subsidiary ledgers to track FSS Escrow Account balances applicable to each participating family. FSS families are eligible for escrow account credits when the family's income increases due to increases in earned income that result in an increase in Total Tenant Payment (or, for voucher holders, an increase in the amount which is 30% of monthly adjusted income). Each annual or interim reexamination for an enrolled family will be examined to determine if the family will receive escrow credit. In keeping with all HUD regulations governing the

FSS Escrow Account, the RAA will be responsible for depositing escrow credits and earned interest in proportion to the family's escrow balance on a regular basis, making interim disbursements to participants as appropriate, and providing account activity information to FSS participants.

FSS staff will provide technical assistance and support, information and referral, and program activities (such as workshops, peer groups meetings, recreational events, etc.) to participants throughout their FSS participation in order to assist the family in meeting their goals. It is to be expected that the types and level of assistance will vary over time, depending on each family's situation. The FSS Coordinator will establish program expectations around communication methods and frequency in order to maintain regular contact with participating families; beyond this, it is the role of the family to initiate contact if they feel that they need additional services, resources, or support.

In order to maintain good standing in the FSS Program, with all attending program benefits, the participating family must remain in compliance with all terms of the FSS Contract of Participation, which includes the ITSP and, as outlined in the FSS Contract of Participation, their residency lease. The RAA will establish procedures for addressing situations in which a family is not in compliance with the FSS Contract of Participation. Corrective actions could include termination of the family's FSS participation (including forfeiture of any escrow account). A family's participation in the Section 8 Housing Choice Voucher Program will not be terminated solely for failure to comply with the FSS Contract of Participation or FSS program requirements.

## **18-XI.E RELOCATING WITH FSS**

As established in the FSS Contract of Participation, the family must live in Massachusetts at least twelve months from the effective date of the Contract. A family that is enrolled in the FSS Program through one RAA may relocate to another region within Massachusetts and immediately continue their participation and FSS Contract of Participation through the RAA in the new region throughout their contract period. A family that has resided in Massachusetts for at least one year after enrolling, and now seeks to relocate out-of-state may be eligible to transfer their FSS participation to the housing authority/agency in the new location, subject to the receiving authority's policies and in keeping with HUD regulations governing FSS participation transfers. FSS staff will assist the family in investigating their FSS options when considering a portability move in order that they family may make an informed choice at the time.

## **18-XII.F FSS COMPLETION**

An FSS family will successfully complete its participation, and be eligible to receive the amount in its FSS Escrow Account, less any amounts owed to the RAA or DHCD, when it has met the conditions established in the HUD FSS Program regulations. In most cases this will occur when the family is in good program standing, has come to the end of the

contract period, and has met all goals outlined in the original or revised ITSP (including independence from welfare assistance for the prior twelve months). A family may request to be determined to have successfully completed their FSS participation prior to the end of their contract period, and if the RAA determines that they have met the requirements for successful completion they will be eligible to graduate and receive their escrow account funds.

In keeping with the FSS Program's goal to assist families over time, a family may receive post-graduation support from the FSS program if requested, subject to staff capacity and availability. A family may be eligible for re-enrollment in the FSS program, after successful or unsuccessful participation, with the RAA reserving the right to decline re-enrollment of a family that left or was terminated due to prior non-compliance. The RAA may also require certain waiting periods prior to re-enrollment and/or being placed on a waiting list for FSS enrollment, especially if the RAAs program is at or above capacity, in order to ensure that families who have not yet had the opportunity to participate in FSS are afforded that opportunity.

## **18-XII.G AFFIRMATIVELY FURTHERING FAIR HOUSING**

DHCD will administer its HUD Family Self-Sufficiency Program in accordance with all applicable Fair Housing and Equal Opportunity laws, HUD's Limited English Proficiency (LEP) guidelines, and in such a manner as to affirmatively further fair housing. DHCD will do this by taking the following steps as they relate to personnel, participants, and the overall operation of its FSS Program and associated activities:

1. DHCD administers its HCVP and related programs through a network of regional administering agencies. In selecting, contracting, and monitoring these agencies, DHCD will ensure that the subcontractors can meet their obligations to affirmatively further fair housing in their respective FSS Programs. Specifically, these subcontractors will be expected to:
  - a. Operate in physical spaces (main office, satellite offices or other off-sites locations used for FSS purposes) which are accessible and comply with Americans with Disabilities Act (ADA) requirements.
  - b. Facilitate effective communication with applicants, beneficiaries and members of the public through practices which ensure that interested persons (including those with impaired vision or hearing) can obtain information concerning the FSS Program, including but not limited to utilization of TDD/TTY equipment, providing key FSS materials in a variety of languages appropriate to its client base, and taking reasonable steps to provide or allow for interpreters as needed.
  - c. Conduct employment search processes for available FSS staff positions which comply with all equal opportunity laws and affirmatively further fair housing, including, but not limited to advertising available positions widely in the community.

- d. Market the FSS Program to all eligible voucher-holders, including persons with disabilities and persons with limited English proficiency.
  - e. Offer and/or respond to requests for reasonable accommodations in order to allow persons with disabilities to participate in the FSS Program.
  - f. Support FSS applicants and participants in guaranteeing their rights to fair housing by providing them with information, materials, and referrals relevant to fair housing laws and protections, agencies, and discrimination complaint procedures (state and federal) annually and as requested.
  - g. Comply with HUD and DHCD's reporting requirements regarding the PIC data system and HUD-50058 as a comparable form to meet OMB's Standards for the Collection of Racial and Ethnic Data.
2. DHCD will maintain records that these steps have been taken, and gauge their impact from, the following:
- a. Accessible Facilities: Addresses of facilities used for FSS purposes together with notation that they meet accessibility requirements.
  - b. Effective Communications: Telephone numbers and names of trained operators of TDD/TTY equipment at each subcontractor; copies of key FSS documents in appropriate languages available at each subcontractor; copies of subcontractor policies and notices regarding provision and/or allowance of interpreters together with records of any such services requested by FSS applicants or participants and the response of the subcontractor to the request.
  - c. Employment Search: copies of advertisements for available FSS staff positions; copies of subcontractors' equal employment opportunity policies and procedures.
  - d. FSS Outreach: copies of materials, notices, or other FSS outreach materials together with distribution lists of the same.
  - e. Reasonable Accommodations: copies of standard language used by subcontractors to offer formal or informal accommodations to FSS applicants and participants; copies of all written requests for reasonable accommodations as they relate to the FSS program together with written records of the subcontractor's responses.
  - f. Fair Housing Information: copies of information, materials, and referrals relevant to fair housing laws and protections, agencies, and discrimination complaint procedures (state and federal) which have been provided to FSS participants by each subcontractor.
  - g. Collection of Racial and Ethnic Beneficiary Data: DHCD ensures subcontractor compliance with HUD-50058 and PIC reporting requirements as a basic contractual obligation, therefore this information will not be maintained separately for this FSS purpose, but will be available for analysis as needed.

3. DHCD will require attendance by all subcontractors at meetings to be held at least once per calendar year to promote and review these policies and procedures to affirmatively further fair housing in its HCV FSS Program.

### **PART XIII: VASH\_08**

[reserved]



## **PART XIV: PROJECT-BASED ASSISTANCE FOR PERSONS LIVING WITH HIV/AIDS**

### **18-XIV.A. OVERVIEW**

The Project Based Rental Assistance for Persons Living with HIV/AIDS Program (hereinafter referred to as “PBRA AIDS”) provides Section 8 housing assistance to very low-income persons, who are either HIV positive, have AIDS, or at high risk for HIV infection and would benefit from HIV related counseling and services. This program utilizes 38 project-based Section 8 subsidies and is administered only in Springfield by HAP Inc., and in Boston by MBHP. PBRA AIDS is an integral part of the Commonwealth’s housing continuum that provides permanent housing for persons with disabilities.

<b>Project</b>	<b>Management</b>	<b>Aids Service Organization</b>	<b>Unit no. &amp; size</b>
Hemenway, Boston	Fenway Lodging House	AIDS Action	2 SRO
Bowdoin, Boston	Boston Citywide Land Trust	AIDS Action	8 SRO
Mass. Ave., Boston	Renwood PWA L.P.	AIDS Action	7 SRO
Worthington, Roxbury	AIDS Action	AIDS Action	4 SRO
Edgewood, Roxbury	Renwood PWA L.P.	Dimock	1 3BR, 2 4BR
Walnut, Roxbury	Renwood PWA L.P.	Dimock	8 2BR
Imani, Springfield	Northern Educational Services	Northern Educational Services	6 SRO

Local AIDS service organizations (ASOs) provide intake, assessment, and linkage to other service providing agencies throughout the Commonwealth. Persons accepted into the program also receive supportive services from the ASOs including case management, substance abuse and relapse prevention support, mental health support, housekeeping assistance, and assistance in arranging for respite care, day care, and transportation.

### **18-XIV.B. ELIGIBILITY**

#### **HIV/AIDS**

At least one person in a household must be either HIV positive, diagnosed with AIDS, or (for Imani only) at high risk for HIV infection and would benefit from HIV-related

counseling and services. The ASO is responsible for determining that a person meets the aforementioned eligibility criteria.

### **Income Guidelines**

All PBRA AIDS applicants must meet the HUD's income guidelines for the Section 8 Housing Choice Voucher program.

### **Preference**

All eligible applicants must meet a DHCD preference. See Chapter 4.

### **Supportive Services**

All PBRA AIDS applicants must be able to utilize supports and/or services provided by local ASOs, which will screen applicants and conduct intake interviews.

## **18-XIV.C. ONGOING OUTREACH**

RAAs and the local ASOs will all conduct outreach to local aids organizations and/or local substance abuse programs to identify eligible applicants for the PBRA AIDS program.

## **18-XIV.D. WAIT LIST MANAGEMENT & SELECTION**

Each ASO will maintain the PBRA AIDS waiting list for their specific project site. When a vacancy becomes available the respective ASO will refer the applicant at the top of their waiting list to the respective RAA. The RAA will enter the referral onto DHCD's waiting list/admissions tracking system by the date and time the referral is received.

## **18-XIV.E. APPEALS**

RAAs are responsible for defending its decisions pertaining to the person's eligibility for the PBRA AIDS program. Section 8 appeal procedures will be utilized. See Chapter 16.

The ASOs are responsible for informing applicants of the grievance procedure employed by their respective agencies. These grievance procedures should detail a mechanism for defending service eligibility determinations including informal hearing procedures.

## **18-XIV.F. GRANT COMPLIANCE**

As the official applicant and recipient of HUD funding for PBRA AIDS, DHCD is accountable to HUD for the successful administration of PBRA AIDS, including: grant

implementation and enforcement, and the final resolution of procedural and policy-related matters not specifically defined in statute or regulation.

- DHCD will periodically conduct reviews and audits of participant files as related to eligibility and housing contracts.
- Each RAA must ensure that all PBRA AIDS units are filled by other eligible applicants upon turnover.
- RAAs will participate in all required evaluations, and will be prepared to maintain additional data on these clients, as required by HUD and/or DHCD.
- DHCD is responsible for coordinating all contracts and contacts with HUD regarding the PBRA AIDS Program.